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	CC FINANCING STATEMENT AME	NDMENT				
	NAME & PHONE OF CONTACT AT FILER (optional) ame: Wolters Kluwer Lien Solutions Phone, 800-3	31-3282 Fax: 8	318-662-4141]		
_	E-MAIL CONTACT AT Fil FR (optional) uccfilingreturn@wolterskluwer.com					
Ç.	SEND ACKNOWLEDGMENT TO (Name and Address)	8187 - Therm	o Fisher	i i		
	Lien Solutions	86774	756			
ľ	P.O. Box 29071 Glendale, CA 91209-9071	RIRI	750			
L			ı			
Ľ	File with: Secretary of State	e, RI		THE ABOVE SPA	CE IS FOR FILING OFF	ICE USE ONLY
	INITIAL FINANCING STATEMENT FILE NUMBER 2226608750 4/1/2022 SS RI		1 11	(or recorded) in the REA	MENT AMENDMENT is to bit FSTATE RECORDS dendum (Form UCC3Ad) and pro-	• • •
2. [TERMINATION Effectiveness of the Financing Statement Statement	t identified above i	s terminated with r			
3. [ASSIGNMENT (full or partial) Provide name of Assignee For partial assignment, complete items 7 and 9 and also			ignee in item 7c an <u>d</u> name of A	ssignor in item 9	· ·
4 [CONTINUATION: Effectiveness of the Financing Statemer continued for the additional period provided by applicable		with respect to the	e security interest(s) of Secured	Party authorizing this Contin	nuation Statement is
5 [PARTY INFORMATION CHANGE					
(Check gne of these two boxes		of these three boxes GE name and/or add		ne Complete item DFLET	Finame Give record name
_	This Change affects Debtor or Secured Party of record	item 6:	or 6b, <u>and</u> item 7a	or 7b <u>and</u> item 7c 7s or 7b,		eleted in item 6a or 6b
6. C	CURRENT RECORD INFORMATION Complete for Party Info	rmation Change -	provide only <u>one</u> n	ame (6a or 6b)		
OR	66 #NDIVIDUAL'S SURNAME		FIRST PERSONAL	NAME	ADDITIONAL NAME(SYINITIAL	L(S) SUFFIX
7. 0	L CHANGED OR ADDED INFORMATION Complete for Assignments	or Party: Normation Chi	Inge - provide unity oni	nume (7a or 7b) (use exact, full name	do not omit, modify, or altiformistic an	y part of the Deblor's name)
	74 ORGANIZATION'S NAME		-		· ·	
OR	76 INDIVIDUAL'S SURNAME			· · · <u>-</u> .		
	INDIVIDUAL'S FIRST PERSONAL NAME		·		·	···
	(a) JAITING (S) SWAN JAWONTICCA & JAUCTYIONI					SUFFIX
7c	MAITING ADDRESS		CITY		STATE POSTAL CODE	COUNTRY
8. [COLLATERAL CHANGE Also check one of these fou	r boxes 🛛 ADD	L Collaterat	DELETE collateral	RESTATE covered collateral	ASSIGN collateral
	Indicate collateral			_		
	Niton XL2 100 Precious Metals Analyzer equipment of any make or manufacture financed t	ov or leased to	Dehtor by Secr	ured Party under Contrac	t Number 500-5038445	4 together with /1\ all
sub	estitutions, replacements, or upgrades for the foreg	going equipme	nt, (2) all compi	onents, additions, attachn	nents, and accessions of	of the foregoing
equ	ipment; and (3) all insurance and/or other proceed	as of any type	relating to the t	oregoing equipment.		
	IAME OF SECURED PARTY OF RECORD AUTHOR	_			ame of Assignor, if this is an A	Assignment)
11	this is an Amendment authorized by a DEBTOR, check here 9a ORGANIZATION'S NAME	and provide n	ame of authorizing	D e ptor		_
O.P.	Thermo Fisher Financial Services, Inc.					
OR	96 INOMIDUAL'S SURNAME		FIRST PERSONAL	NAME	JAITININS) BINAN JANOITICCA	.(S) SUFFIX
10 (I OPTIONAL FILER REFERÊNCE DATA: Debtor Name: F	astcash Pawn	& Checkcashe	rs, Incorporated		<u> </u>
	774756	_				

RI SOS Filing Number: 202226914220 Date: 5/27/2022 3:59:00 PM

LICC FINANCING STATEMENT AMENDMENT ADDENDUM

	LOW INSTRUCTIONS					
	NITIAL FINANCING STATEMENT FILE NUMBER. Same as item 1a on a 2226608750 4/1/2022 SS RI	Amendment form				
12	NAME OF PARTY AUTHORIZING THIS AMENDMENT. Same as item 9	on Amendment form				
	12a ORGANIZATIONS NAME					
	Thermo Fisher Financial Services, Inc.					
OR						
UK	126 MOINDUAL'S SURNAME					
	FIRST PERSONAL NAME					
	ADDITIONAL NAME(SYMITIAL(S)	[:	SUFFIX			
12	Name of OFBIOD on related framework statement /Name of a surrout Do	bles of second second	d for and awar		SPACE IS FOR FILING OFFICE US	
13	Name of DEBTOR on related financing statement (Name of a current De one Debtor name (13a or 13b) (use exact, full name, do not omit, modify	otor of record require r, or abbreviate any p	o for moexing art of the Debi	purposes only in sor or's name), see Instr	ne filing diffices - see Instruction iter ructions if name does not fit	n 13) Provide onf
	130 ORGANIZATION'S NAME Fastcash Pawn & Checkcashers, Incorporated					
OR	135 INDIVIDUAL'S SURNAME	FIRST PERSO	NAL NAME		ADDITIONAL NAME (SVINITIAL(S)	SUFFIX
1116	ured Party Name and Address: rmo Fisher Financial Services, Inc 168 Third Ave., Waltha	am, MA 02451				
	rmo Fisher Financial Services, Inc 168 Third Ave , Waltha	am, MA 02451	17 December	on of real estate		