

Instr # 2487-2365

Pages: 1

Received in West Warwick R.I.
Date: 05/13/2022 11:16 AM
Sarah Rapose, Town Clerk

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A NAME & PHONE OF CONTACT AT FILER (optional) Priyanka Saini
B E-MAIL CONTACT AT FILER (optional)
C SEND ACKNOWLEDGMENT TO (Name and Address)
Newtek Small Business Finance LLC 1981 Marcus Avenue-Suite 130 Lake Success, NY 11042

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a INITIAL FINANCING STATEMENT FILE NUMBER 201414166120 08/12/14 SS of RI	1b <input type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed (for record) (for recording) in the REAL ESTATE RECORDS File Attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13
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2 **TERMINATION** Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement.

3 **ASSIGNMENT** (full or partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9. For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8.

4 **CONTINUATION** Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.

5 **PARTY INFORMATION CHANGE**
Check one of these two boxes: **AND** Check one of these three boxes to:
This Change affects Debtor or Secured Party of record CHANGE name and/or address. Complete item 6a or 6b, and item 7a or 7b and item 7c ADD name. Complete item 7a or 7b, and item 7c DELETE name. Give record name to be deleted in item 6a or 6b.

6 **CURRENT RECORD INFORMATION** Complete for Party Information Change. Provide only one name (6a or 6b):

6a ORGANIZATION'S NAME			
OR 6b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
Shaw	Gordon	A	

7 **CHANGED OR ADDED INFORMATION** Complete for Assignment or Party Information Change. Provide only one name (7a or 7b; use exact full name, do not abbreviate; modify, or abbreviate any part of the Debtor's name):

7a ORGANIZATION'S NAME			
OR 7b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
Shaw	Donna	C	

7c **MAILING ADDRESS**

20 Providence Street	CITY West Warwick	STATE RI	POSTAL CODE 02893	COUNTRY USA
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8 **COLLATERAL CHANGE** Also check one of these four boxes: ADD collateral DELETE collateral RESTATE covered collateral ASSIGN collateral
Indicate collateral:

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FINAL PAGE OF DOC

9 **NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT** Provide only one name (9a or 9b), name of Assignor (this is an Assignment). This is an Amendment authorized by a DEBTOR (check here) and provide name of authorizing Debtor:

9a ORGANIZATION'S NAME			
OR 9b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
Newtek Small Business Finance, Inc.			

10 **OPTIONAL FILER REFERENCE DATA**
Atlas Auto Body Inc dba Atlas Auto Sales- NSBF # 69434