

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A NAME & PHONE OF CONTACT AT FILER (optional) Name Wolters Kluwer Lien Solutions Phone 800-331-3282 Fax 818-662-4141	
B E-MAIL CONTACT AT FILER (optional) uccfilingreturn@wolterskluwer.com	
C SEND ACKNOWLEDGMENT TO (Name and Address) <div style="display: flex; justify-content: space-between;"><div>Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071</div><div>87626074 RIRI</div></div>	
File with: Secretary of State, RI	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a INITIAL FINANCING STATEMENT FILE NUMBER 202227117530 6/17/2022 SS RI		1b <input type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS Filer attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13	
2 <input type="checkbox"/> 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 <input checked="" type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> PARTY INFORMATION CHANGE Check one of these two boxes This Change affects <input type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record AND Check one of these three boxes to <input type="checkbox"/> CHANGE name and/or address. Complete item 6a or 6b, and item 7a or 7b and item 7c <input type="checkbox"/> ADD name. Complete item 7a or 7b, and item 7c <input type="checkbox"/> 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 KOSSEIFI, INC.			
OR			
6b INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)
			SUFFIX
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 omit, modify, or abbreviate any part of the Debtor's name)			
7a ORGANIZATION'S NAME FARMERS & MERCHANTS STATE BANK OF SPRINGFIELD			
OR			
7b INDIVIDUAL'S SURNAME			
INDIVIDUAL'S FIRST PERSONAL NAME			
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)			
SUFFIX			
7c MAILING ADDRESS 101 N Marshall Ave		CITY Springfield	STATE MN
		POSTAL CODE 56087	COUNTRY USA
8 <input type="checkbox"/> COLLATERAL CHANGE Also check one of these four boxes <input type="checkbox"/> ADD collateral <input type="checkbox"/> DELETE collateral <input type="checkbox"/> RESTATE covered collateral <input type="checkbox"/> ASSIGN collateral Indicate collateral			

9 NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment)

If this is an Amendment authorized by a DEBTOR, check here ☐ and provide name of authorizing Debtor

9a ORGANIZATION'S NAME C T Corporation System, as representative			
OR			
9b INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)
			SUFFIX

10 OPTIONAL FILER REFERENCE DATA Debtor Name: KOSSEIFI, INC.

87626074

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS

11 INITIAL FINANCING STATEMENT FILE NUMBER Same as item 1a on Amendment form 202227117530 6/17/2022 SS RI	
12 NAME OF PARTY AUTHORIZING THIS AMENDMENT Same as item 9 on Amendment form	
*2a ORGANIZATION'S NAME C T Corporation System, as representative	
OR	12b INDIVIDUAL'S SURNAME
	FIRST PERSONAL NAME
	ADDITIONAL NAME(S) INITIAL(S) SUFFIX

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13 Name of DEBTOR on related financing statement (Name of a current Debtor of record required for indexing purposes only in some filing offices - see Instruction item *3) Provide only one Debtor name (13a or 13b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name), see Instructions if name does not fit

OR	*3a ORGANIZATION'S NAME KOSSEIFI, INC.			
	*3b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S) INITIAL(S)	SUFFIX

14 ADDITIONAL SPACE FOR ITEM 8 (Collateral)

Debtor Name and Address:

KOSSEIFI, INC. - 579 Atwells Avenue, Providence, RI 02909

Vasilios Pizza - 579 Atwells Avenue, Providence, RI 02909

Secured Party Name and Address:

C T Corporation System, as representative - 330 N Brand Blvd, Suite 700, Attn: SPRS, Glendale, CA 91203

FARMERS & MERCHANTS STATE BANK OF SPRINGFIELD - 101 N Marshall Ave, Springfield, MN 56087

15 This FINANCING STATEMENT AMENDMENT:
☐ covers timber to be cut ☐ covers as-extracted collateral ☐ is filed as a fixture filing

17. Description of real estate

16 Name and address of a RECORD OWNER of real estate described in item 17
(if Debtor does not have a record interest)