RI SOS Filing Number: 202227983090 Date: 11/14/2022 3:50:00 PM

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AREAD	AACNIT				
UCC FINANCING STATEMENT AMEND FOLLOW INSTRUCTIONS	MENI				
A NAME & PHONE OF CONTACT AT FILER (optional)		1			
B. E-MAIL CONTACT AT FILER (optional)		-			
C. SEND ACKNOWLEDGMENT TO. (Name and Address)		-			
Joseph M. Bassi, Esq.					
Wolpert & Associates, Inc. 235 Promenade Street, Unit 475	ı				
Providence, RI 02908					
		THE ABOVE COA	0E 16 E0	h fil luc acciae use a	
18. INITIAL FINANCING STATEMENT FILE NUMBER		16. This FINANCING STATE	MENT AME	R FILING OFFICE USE O	
201616227700 filed on 03/07/2016			dendum (Fa	m UCC3Ad) agg provide Debtor	
2. TERMINATION: Effectiveness of the Financing Statement Ident Statement	lifled above is terminated t	with respect to the security interes	si(s) of Se	cured Party authorizing this	[ermination
ASSIGNMENT ((ut) or partial). Provide name of Assignee in lie For partial assignment, complete Items 7 and 8 and also indicate			f Assignor	in Item 9	
CONTINUATION: Effectiveness of the Financing Statement Idi continued for the additional period provided by applicable law	entified above with respect	to the security interest(s) of Sec	ured Party	authorizing this Continuation	n Statement Is
5 PARTY INFORMATION CHANGE					
	Check one of these three b		na: Cample	ite itemDELETE name: 0	live record name
This Change effects Debtor or Secured Party of record 6. CURRENT RECORD INFORMATION: Complete for Party Informs	item 6e or 6b; <u>and</u> item	7a or 7b <u>and</u> flem 7c 7a or 7b.	and Item 7		
68 ORGANIZATION'S NAME	illon Charige - provide only	505 usus (as a, sa)	•		
Rei of Sunshine LLC	Janes again		Lantin		Verses
BD INDIVIDUALS SURNAME	FIRST PERSON	ONAL NAME ADDITIONAL NAME(SYNITIAL(S)			SUFFIX
7 CHANGED OR ADDED INFORMATION: Complete to Assignment of P	arty information Change - provide	only <u>cos</u> name (7e or 7b) (use exect, A.S na	ime, do not si	nit, modify, or abbreviate any part of	the Dessar's name)
OR THINDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
(s) JAITINNES JAMAN JANOITIDOS (S) TINNES JAMAN JANOITIDOS (S)					SUFFIX
7c. MAILING ADDRESS	İCITY		STATE	POSTAL CODE	COUNTRY
295 Warwick Neck Avenue	Warwic	k	RI	02889	USA
8. COLLATERAL CHANGE: Also check one of these four boxes:	ADD colleteral	DELETE collateral	RESTATE	overed collateral	SSIGN collateral
Indicate collateral:					
Filed with RI Secretary of State					
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING	THIS AMENDMENT:	Provide only one name (9a or 9b) (r	name of As	signor, if this is an Assignmen	et)
If this is an Amendment authorized by a DEBTOR, check here and on, ORGANIZATION'S HAME	d provide name of authorizi	ng Debter			
OR Ph INDIVIDUAL'S SURNAME	FIRST PERSON	IAL NAME	ADDITIO	NAL NAME(SYINITIAL(S)	SUFFIX
				,	
10. OPTIONAL FILER REFERENCE DATA: Loan #7704585001					