

**UCC FINANCING STATEMENT AMENDMENT**

FOLLOW INSTRUCTIONS

<b>A. NAME &amp; PHONE OF CONTACT AT FILER (optional)</b> Catherine Hall (212) 848-4000				
<b>B. E-MAIL CONTACT AT FILER (optional)</b> Catherine.Hall@shearman.com				
<b>C. SEND ACKNOWLEDGMENT TO: (Name and Address)</b> Shearman & Sterling LLP 599 Lexington Avenue New York, NY 10022				
<b>THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY</b>				
<b>1a. INITIAL FINANCING STATEMENT FILE NUMBER</b> 202023453210 08/11/2020		<b>1b.</b> <input type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS For each Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13		
<b>2</b> <input type="checkbox"/> <b>TERMINATION</b> Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement				
<b>3</b> <input type="checkbox"/> <b>ASSIGNMENT</b> (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				
<b>4</b> <input type="checkbox"/> <b>CONTINUATION:</b> 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				
<b>5</b> <input checked="" type="checkbox"/> <b>PARTY INFORMATION CHANGE:</b> Check one of these two boxes AND Check one of these three boxes to This Change affects <input checked="" type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record <input checked="" 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				
<b>6. CURRENT RECORD INFORMATION</b> Complete for Party Information Change - provide only one name (6a or 6b)				
<b>6a. ORGANIZATION'S NAME</b> 21st Century Environmental Management, LLC of Rhode Island				
<b>OR</b>				
<b>6b. INDIVIDUAL'S SURNAME</b>		<b>FIRST PERSONAL NAME</b>	<b>ADDITIONAL NAME(S)/INITIAL(S)</b>	<b>SUFFIX</b>
<b>7. CHANGED OR ADDED INFORMATION:</b> 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)				
<b>7a. ORGANIZATION'S NAME</b> 21st Century Environmental Management, LLC of Rhode Island				
<b>OR</b>				
<b>7b. INDIVIDUAL'S SURNAME</b>				
<b>INDIVIDUAL'S FIRST PERSONAL NAME</b>				
<b>INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)</b>				
<b>SUFFIX</b>				
<b>7c. MAILING ADDRESS</b>				
933 First Avenue, Suite 200		CITY King of Prussia	STATE PA	POSTAL CODE 19406
<b>COUNTRY</b> USA				
<b>8</b> <input type="checkbox"/> <b>COLLATERAL CHANGE.</b> 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				
<b>9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT</b> 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 <input type="checkbox"/> and provide name of authorizing Debtor				
<b>9a. ORGANIZATION'S NAME</b> Bank of America, N.A., as Collateral Agent				
<b>OR</b>				
<b>9b. INDIVIDUAL'S SURNAME</b>		<b>FIRST PERSONAL NAME</b>	<b>ADDITIONAL NAME(S)/INITIAL(S)</b>	<b>SUFFIX</b>
<b>10. OPTIONAL FILER REFERENCE DATA:</b> Filed with RI - Secretary of State, Debtor: 21ST CENTURY ENVIRONMENTAL MANAGEMENT, LLC OF RHODE ISLAND				
<b>F#747264</b> <b>A#1251960</b>				