



**UCC FINANCING STATEMENT AMENDMENT**

FOLLOW INSTRUCTIONS

|   |
|---|
| <b>A. NAME &amp; PHONE OF CONTACT AT FILER (optional)</b><br>Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141  |
| <b>B. E-MAIL CONTACT AT FILER (optional)</b><br>uccfilingreturn@wolterskluwer.com <b>T1H 884561 005</b>   |
| <b>C. SEND ACKNOWLEDGMENT TO: (Name and Address)</b> 20011 - GOLDBERG<br><br><div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <p><b>CSC</b><br/> <b>801 Adlai Stevenson Drive</b><br/> <b>Springfield, IL 62703</b></p> </div> <p style="text-align: center;">File with: Secretary of State, RI</p> |

**THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY**

|  |  |
|--|--|
| <b>1a INITIAL FINANCING STATEMENT FILE NUMBER</b><br>201921300600 7/3/2019 SS RI | <b>1b</b> <input type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS. For 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:  Debtor or  Secured Party of record  
 Check one of these three boxes to:  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)

|  |                                |                            |                                      |               |
|--|--------------------------------|----------------------------|--------------------------------------|---------------|
| <b>6a ORGANIZATION'S NAME</b><br>Alpha Omega Instruments Corp. |                                |                            |                                      |               |
| <b>OR</b>  | <b>6b INDIVIDUAL'S SURNAME</b> | <b>FIRST PERSONAL NAME</b> | <b>ADDITIONAL NAME(S)/INITIAL(S)</b> | <b>SUFFIX</b> |

**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)

|                               |   |             |              |                    |                |
|-------------------------------|---|-------------|--------------|--------------------|----------------|
| <b>7a ORGANIZATION'S NAME</b> |   |             |              |                    |                |
| <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>     |   | <b>CITY</b> | <b>STATE</b> | <b>POSTAL CODE</b> | <b>COUNTRY</b> |

**8**  **COLLATERAL CHANGE** Also check one of these four boxes:  ADD collateral  DELETE collateral  RESTATE covered collateral  ASSIGN collateral  
 Indicate collateral

**9. NAME OF SECURED PARTY or 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

|   |                                |                            |                                      |               |
|---|--------------------------------|----------------------------|--------------------------------------|---------------|
| <b>9a ORGANIZATION'S NAME</b><br>JPMorgan Chase Bank, N.A., as Administrative 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> |

**10 OPTIONAL FILER REFERENCE DATA** Debtor Name: Alpha Omega Instruments Corp.  
 87758395 1075.298 (20011) Process