

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) Name Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141	
B. E-MAIL CONTACT AT SUBMITTER (optional) uccfilingreturn@wolterskluwer.com	
C SEND ACKNOWLEDGMENT TO (Name and Address) 24839 - Wells Fargo CDF	
Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	94552242 RIRI
File with: Secretary of State, RI SEE BELOW FOR SECURED PARTY CONTACT INFORMATION	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE NUMBER
 368483 12/26/1978 SS RI

1b. This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS
Filer, attach Amendment Acknowledgment (Form UCC3Ad) and provide Debtor's name in item 13

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: This Change affects Debtor or Secured Party of record
 AND 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)

6a ORGANIZATION'S NAME Wells Fargo Commercial Distribution Finance, LLC				
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 Wells Fargo Commercial Distribution Finance, LLC				
OR	7b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

7c MAILING ADDRESS 5595 Trillium Blvd	CITY Hoffman Estates	STATE IL	POSTAL CODE 60192	COUNTRY USA
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8. **COLLATERAL CHANGE** Check only one box: ADD collateral DELETE collateral RESTATE covered collateral ASSIGN collateral
Indicate collateral. *Check ASSIGN COLLATERAL only if the assignor's power to amend the record is limited to certain collateral and does not include the collateral in Section 9.

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 Wells Fargo Commercial Distribution Finance, LLC				
OR	9b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

10. **OPTIONAL FILER REFERENCE DATA** Debtor Name: FLOORS BEAUTIFUL BY DEE, INC.
 94552242 CDF TECH E and A St. Joe 0717330001 2-8378783671

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS

11. INITIAL FINANCING STATEMENT FILE NUMBER Same as item 1a on Amendment form 368483 12/26/1978 SS RI	
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT Same as item 9 on Amendment form	
12a ORGANIZATION'S NAME Wells Fargo Commercial Distribution Finance, LLC	
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 13). 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

13a ORGANIZATION'S NAME FLOORS BEAUTIFUL BY DEE, INC.				
OR	13b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

14. ADDITIONAL SPACE FOR (CHECK ONE BOX) ITEM 8 (Collateral) OR OTHER INFORMATION (Please Describe)

Debtor Name and Address:
FLOORS BEAUTIFUL BY DEE, INC. - 750 RESERVOIR AVENUE , CRANSTON, RI 02910

Secured Party Name and Address:
Wells Fargo Commercial Distribution Finance, LLC - 5595 Trillium Blvd , Hoffman Estates, IL 60192

15. This FINANCING STATEMENT AMENDMENT <input type="checkbox"/> covers timber to be cut <input type="checkbox"/> covers as-extracted collateral <input type="checkbox"/> 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)	

18. MISCELLANEOUS 94552242-RI-0 24539 Wells Fargo CDF Ma Wells Fargo Commercial Distribution File with Secretary of State, RI CDF TECH