

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A NAME & PHONE OF CONTACT AT FILER (optional) USDA/Farm Service Agency 401-828-3120				
B E-MAIL CONTACT AT FILER (optional) patricia.sullivan@usda.gov				
C SEND ACKNOWLEDGMENT TO (Name and Address) USDA Farm Service Agency 60 Quaker Lane, Suite 49 Warwick, RI 02886				
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY				
1a INITIAL FINANCING STATEMENT FILER NUMBER 201920835130		1b ☐ This FINANCING STATEMENT AMENDMENT is to be filed (or recorded) in the REAL ESTATE RECORDS Filer: attach Amendment Addendum (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 <u>one</u> of these two boxes AND Check <u>one</u> of these three boxes to This Change affects ☐ Debtor or ☐ Secured Party of record ☐ 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 <u>one</u> name (6a or 6b) 6a ORGANIZATION'S NAME WEST PASSAGE OYSTER COMPANY 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 <u>one</u> 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 OR 7b INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX				
7c MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY				
8 ☐ COLLATERAL CHANGE Also check <u>one</u> of these four boxes ☐ ADD collateral ☐ DELETE collateral ☐ RESTATE covered collateral ☐ ASSIGN collateral Indicate collateral				
9 NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT Provide only <u>one</u> 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 The United States of America acting through the USDA Farm Service Agency OR 9b INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX				
10 OPTIONAL FILER REFERENCE DATA				