RI SOS	Filing Number: 202329	9945220	Da	ate: 12/6/2023	10:30:0	00 AM	
UCC FINANCING	G STATEMENT AMEND	MENT					
A. NAME & PHONE OF	CONTACT AT SUBMITTER (optional)	_		l			
B. E-MAIL CONTACT AT	SURMITTER (optional)						
5, 2-10-12 55117151711	South Tell (Openius)						
C. SEND ACKNOWLEDG	SMENT TO: (Name and Address)						
 			\neg				
I∟							
SEE BELOW	FOR SECURED PARTY CONTACT IN	FORMATION		THE ABOVE S	ACE IS FO	R FILING OFFICE USE	ONLY
18. INITIAL FINANCING STAT			ľ			DMENT is to be filed (for reco	
719774 10/20/2				(Form UCC3Ad) and pro-	/de Debtor's	name in Item 13,	
2. TERMINATION: Em	ctivaness of the Financing Statement identified	above is terminate	ed with resp	ect to the security interest(s) of S	ecured Partly	(ica) authorizing this Tarmin	agon Statement
	vide name of Assignee in item 7s or 7b, gnd add complete items 7 and 9; check ASSIGN Collate						
4. CONTINUATION: E additional period provid	illectiveness of the Financing Statement identified by applicable law	ed above with resp	pect to the a	ecurity interest(s) of Secured Par	ty authorizing	this Continuation Statement	is continued for the
5. PARTY INFORMAT	ION CHANGE:						
Check one of these two box	tes.	Check one of the		ddress: Complete ADD n	ame: Comple	ote item propelETE name:	Give record name
	beblor or Secured Party of record NFORMATION: Complete for Party Informati				b, <u>and</u> item 7	to be deleted in	item 6a or 6b
6aL ORGANIZATION'S N	AME	<u> </u>		· · · · · · · · · · · · · · · · · · ·			
OR 65. INDIVIDUAL'S SURN	ALAF	FIRS	T PERSON	AL NAME	TADDITIO	nal name(s)/initial(s)	TSUFFIX
						• • • • • • • • • • • • • • • • • • • •	
·	INFORMATION: Complete for Assignment or Par	ity Information Change	- provide only	ong name (7a or 7b) (use exact, full nam	r, do not amit, no	odry, or atobreviate any part of the O	etror's name)
7a, ÖRGANIZATION'S N	AME:						
OR 75. INDIVIDUAL'S SURF	AME			-			
INDIVIDUAL'S FIRST	PERSONAL NAME						
INDIVIDUAL'S ADDI	TIONAL NAME(SYINITIAL(S)					••	SUFFIX
7c, MAILING ADORESS		ary	,		STATE	POSTAL CODE	COUNTRY
							ĺ
8. COLLATERAL CHA	NGE: Check only one box:	ADD cotten	eral	DELETE collateral	RESTATE 0	overed collateral	ASSIGN* coflateral
Indicate collaterat:		*Chect ASSIGN CO	OLLATERAL O	nly if the assigned's power to amend the	necerci și limbed l	o certain collateral and describe the	collaboral in Section B
9. NAME OF SECURED	PARTY OF RECORD AUTHORIZING	THIS AMENDM	IENT: Pro	ride only <u>one</u> name (9a or 9b) (na	ime of Assign	or, if this is an Assignment)	
If this is an Amendment au (Sa. ORGANIZATION'S N		provide name of au	ithonzing ()	ebtor		_ 	
	x, N.A., f/k/a RBS Citizens	s, N.A.					
OR 96. INDIVIDUAL'S SURF			T PERSON	al nave	ADDITIO	NAL NAME(SYMITIAL(S)	SUFFIX
40.000000000000000000000000000000000000	CERTANCE DATA					-	#067400
10. OPTIONAL FILER RE Filed with: RI -	FERENCE DATA: Secretary of State; Debtor	: Claflin S	ervice	Company - CM #	12685.	01342 A	#967480 #1323210