

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)
Chris Topouzis (401) 533-9888
B. E-MAIL CONTACT AT FILER (optional)
C. SEND ACKNOWLEDGMENT TO: (Name and Address)
Topouzis & Associates, P.C.
Attn: Chris Topouzis
595 Jefferson Blvd
Warwick, RI 02886

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a INITIAL FINANCING STATEMENT FILE NUMBER 202022443230
1b This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS

2 [X] 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 7c, and address of Assignee in item 7c and name of Assignor in item 9

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

AND Check one 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 one name (6a or 6b)

6a ORGANIZATION'S NAME Rhode Island Rental Connection 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
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 one 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 one name (9a or 9b) (name of Assignor, if this is an Assignment)

If this is an Amendment authorized by a DEBTOR check here [X] and provide name of authorizing Debtor
9a ORGANIZATION'S NAME Greenwood Credit Union
OR
9b INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

10 OPTIONAL FILER REFERENCE DATA