110	C CINANCING CTATEMENT AMEND	MENIT					
	CC FINANCING STATEMENT AMENDI	MENI					
	NAME & PHONE OF CONTACT AT SUBMITTER (optional)			1			
	ame: Wolters Kluwer Lien Solutions Phone: 800-331-32	282 Fax 8	318-662-4141				
В.	E-MAIL CONTACT AT SUBMITTER (optional) uccfilingreturn@wolterskluwer.com						
C.	SEND ACKNOWLEDGMENT TO (Name and Address) 101	04 - Cater	rpillar				
	Lien Solutions	979					
	P.O. Box 29071 Glendale, CA 91209-9071	RIRI					
١.	•	•••	•				
	File with: Secretary of State, RI SEE BELOW FOR SECURED PARTY CONTACT	INFORMA	TION	THE ABOVE SPA	ACE IS F	OR FILING OFFICE US	E ONLY
	INITIAL FINANCING STATEMENT FILE NUMBER 2430327760 3/20/2024 SS RI		[This FINANCING STATE		ENDMENT is to be filed (fo	н гесогд)
2. [· .		Filer igitach Amendment Ad	idendum (Fo	m UCC3Ad) <u>and</u> provide Debio	
۷. ر	TERMINATION Effectiveness of the Financing Statement identification.	ii evode bisiii	s terminated with	respect to the security interest(s) of Secur	ed Party authorizing this Te	mination
3 [ASSIGNMENT (full or partial). Provide name of Assignee in item For partial assignment, complete items 7 and 9 and latso indicat			signee in item 7c and name of a	Assignor in	item 9	
4. [CONTINUATION Effectiveness of the Financing Statement ider continued for the additional period provided by applicable law	tified above	with respect to th	ne security interest(s) of Secure	d Party aul	honzing this Continuation S	itatement is
5. Í	PARTY INFORMATION CHANGE						
Ċ	Preck one of these two boxes AND	-	of these three boxe			0.1575	
	his Change affects Debtor or Secured Party of record		GE name and/or ac a or 6b, and item 7a		me Compli <u>and</u> item		Give record name item 6a or 6b
6 C	URRENT RECORD INFORMATION Complete for Party Informatio	n Change -	provide only one	name (6a or 6b)			
OR	65 INDIVIDUAL'S SURNAME		FIRST PERSONAL	I NAME	OL, IOO	NAL NAME (SYINITIAL (S)	SUFFIX
_		_	<u> </u>	· .			
7 C	HANGED OR ADDED INFORMATION. Compete for Assignment or Party. 7a. ORGANIZATION'S NAME.	Information Cha	inge provide only <u>or</u>	ng in ame (7a or 7b). (use exact, full ruim)	, do not orael,	modify, or abbreviate any part of the	+ Debtor's marce)
OR							_
ŲΝ	76 INDIVIDUAL SISURNAME						
	INDIVIDUAL'S FIRST PERSONAL NAME						
	INDÍVIDUALIS ADDITIONAL NAME(SYINITIAL(S)		_				St/+FIX
7c	MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
			{				
8.	COLLATERAL CHANGE Check only one box	ممد[]	collateral	DELETE collateral	RESTATE	covered collateral	ASSIGN* collatera
ON.	Indicate collateral			ly fifth assigned's power to amend the red ONLE LAZY COD A DUNC DUNC			
BU	E (1) CATERPILLAR 303.5-07CR Hydraulic Excavator CKET, AND HYDRAULIC PG COUPLER						
And	I substitutions, replacements, additions and accessions in the scope of Article 9 of the Uniform Commercial Co	s thereto, i	now owned or	hereafter acquired and p	roceeds	thereof. The above col	lateral is
	v 9-102 and 12A:9-109).	.ve (" ""s	o statement is i	ned in receiver delacy, speci	ically Cit	apter 5 or Title 12A, pt	JI SUMIN IO
	AME OF SECURED PARTY OF RECORD AUTHORIZING this is an Amendment authorized by a DEBTOR, check here. [1] a		NDMENT Pro- ame of authorizing		name of As	signor, if this is an Assignme	nt)
i	9a ORGANIZATIONS NAME						
OR	Caterpillar Financial Services Corporation		Y				_
	95 INDIVIDUALIS SURNAME		FIRST PERSONAL	, NAME	ADCITIO	NAL NAME(S)INITIAL(S)	SUFFIX
10 (DPTIONAL FILER REFERENCE DATA Debtor Name: CHAL	KSTONE	AUTOBODY	INC	ı		<u></u>
	19979 001-70136949			: 		001-70136949	

RI SOS Filing Number: 202430425240 Date: 4/11/2024 12:35:00 PM

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

	LOW INSTRUCTIONS)	2.10011			
	NITIAL FINANCING STATEMENT FILE NUMBER. Same as iter	n 1a on Amendment	form	7		
_	2430327760 3/20/2024 SS RI					
12.	NAME OF PARTY AUTHORIZING THIS AMENUMENT Same a	4				
	Caterpillar Financial Services Corporation	_				
ок	126 INDIVIDUAL'S SURNAME	-				
	FIRST PERSONAL NAME	-				
	ACCITIONAL NAME(SYINITIAL(S)		SJFFIX	TUE 400VE 6	70.05 to 500 5th the office that	
	Name of DEBTOR on related financing statement (Name of a cu one Debtor name (13a or 13b) (use exact, full name, do not om			g purposes only in son		
	133 ORGANIZATIONS NAME CHALKSTONE AUTOBODY, INC.					
OR	136. INDIVIDUAL'S SURNAME	FIRS	ST PERSONAL NAME		ADDITIONAL NAME(SYNITIAL(S)	SUFFIX
	ADDITIONAL SPACE FOR (CHECK ONE BOX)	☐ ITEM 8 (Collateral) OR	DOTHER INFOR	MATION (Please Describe)	
	otor Name and Address: ALKSTONE AUTOBODY, INC 224 CHALKSTONE	AVENUE , PRO	VIDENCE, RI 029	908		
Sec	ured Party Name and Address:					
Cal	erpillar Financial Services Corporation - 2120 West E	End Avenue , Na	shville, TN 37203			
15.	This FINANCING STATEMENT AMENDMENT	<u> </u>	17 Descri	ption of real estate		
_	covers timber to be cut covers as extracted collateral	s fled as a fix		•		
	Name and address of a RECORD OWNER of real estate describ if Debtor does not have a record interest).	oed in item 17				
18	MISCELLANEOUS 38319979-Rii 0 10104 Calerollar Financia	Calerpi lar Fin	ancial Services	File with Secretary of S	tare, RI 001-70136949 - 001-70136	1949