

## UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

<b>A. NAME &amp; PHONE OF CONTACT AT SUBMITTER (optional)</b> Angela Amico Olchaskey (404) 572-4600				
<b>B. E-MAIL CONTACT AT SUBMITTER (optional)</b> AAmicoOlchaskey@KSLAW.com				
<b>C. SEND ACKNOWLEDGMENT TO: (Name and Address)</b> <div style="border: 1px solid black; padding: 5px; min-height: 60px;">King &amp; Spalding LLP 1180 Peachtree Street N.E. Atlanta, GA 30309-3521</div>				
SEE BELOW FOR SECURED PARTY CONTACT INFORMATION			THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY	
<b>1a. INITIAL FINANCING STATEMENT FILE NUMBER</b> 201921719060 10/22/2019			<b>1b.</b> <input type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS. Filer: <u>attach</u> Amendment Addendum (Form UCC3Ad) <u>and</u> provide Debtor's name in Item 13.	
<b>2.</b> <input type="checkbox"/> <b>TERMINATION:</b> Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party(ies) authorizing this Termination Statement.				
<b>3.</b> <input type="checkbox"/> <b>ASSIGNMENT:</b> Provide name of Assignee in Item 7a or 7b, <u>and</u> address of Assignee in Item 7c <u>and</u> name of Assignor in Item 9. For partial assignment, complete Items 7 and 9, check ASSIGN Collateral box in Item 8 and describe the affected collateral in Item 8.				
<b>4.</b> <input checked="" type="checkbox"/> <b>CONTINUATION:</b> 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.				
<b>5. PARTY INFORMATION CHANGE:</b> Check <u>one</u> of these two boxes: <input type="checkbox"/> Debtor <u>or</u> <input type="checkbox"/> Secured Party of record. <b>AND</b> Check <u>one</u> of these three boxes to: <input type="checkbox"/> CHANGE name and/or address. Complete Item 6a or 6b, <u>and</u> Item 7a or 7b <u>and</u> Item 7c. <input type="checkbox"/> ADD name: Complete Item 7a or 7b, <u>and</u> Item 7c. <input type="checkbox"/> DELETE name: Give record name to be deleted in Item 6a or 6b.				
<b>6. CURRENT RECORD INFORMATION:</b> Complete for Party Information Change - provide only <u>one</u> name (6a or 6b).				
6a. ORGANIZATION'S NAME				
OR				
6b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
<b>7. CHANGED OR ADDED INFORMATION:</b> 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
<b>8. COLLATERAL CHANGE:</b> Check only <u>one</u> box: <input type="checkbox"/> ADD collateral <input type="checkbox"/> DELETE collateral <input type="checkbox"/> RESTATE covered collateral <input type="checkbox"/> ASSIGN* collateral. <small>Indicate collateral. *Check ASSIGN COLLATERAL only if the assignee's power to amend the record is limited to certain collateral and describe the collateral in Section 8.</small>				
<b>9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT:</b> 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 <input type="checkbox"/> and provide name of authorizing Debtor.				
9a. ORGANIZATION'S NAME Goldman Sachs Bank USA, as Collateral Agent				
OR				
9b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
<b>10. OPTIONAL FILER REFERENCE DATA:</b> Filed with: RI - Secretary of State; Debtor: RIPTIDE FITNESS, LLC				
				F#712557 A#1368649