

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141				
B. E-MAIL CONTACT AT SUBMITTER (optional) uccfilingreturn@wolterskluwer.com				
C. SEND ACKNOWLEDGMENT TO (Name and Address) 8347 - <div style="display: flex; justify-content: space-between; align-items: flex-start; padding: 10px;"><div style="width: 60%;"><p>Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071</p></div><div style="width: 35%; text-align: center;"><p>99644087</p><p>RIRI</p></div></div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">File with: Secretary of State, RI SEE BELOW FOR SECURED PARTY CONTACT INFORMATION</div>				
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY				
1a. INITIAL FINANCING STATEMENT FILE NUMBER 201921789540 11/6/2019 SS RI			11b <input type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS Filer attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13	
2. <input type="checkbox"/> 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. <input type="checkbox"/> 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. <input type="checkbox"/> 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. <input checked="" type="checkbox"/> PARTY INFORMATION CHANGE. Check <u>one</u> of these two boxes: <input type="checkbox"/> Debtor or <input checked="" type="checkbox"/> Secured Party of record <div style="display: flex; justify-content: space-between; font-size: small;"><div>AND Check <u>one</u> of these three boxes to:</div><div><input checked="" type="checkbox"/> CHANGE name and/or address. Complete item 6a or 6b, and item 7a or 7b, and item 7c.</div><div><input type="checkbox"/> ADD name. Complete item 7a or 7b, and item 7c.</div><div><input type="checkbox"/> DELETE name. Give record name to be deleted in item 6a or 6b.</div></div>				
6. CURRENT RECORD INFORMATION Complete for Party Information Change - provide only <u>one</u> name (6a or 6b)				
<div style="display: flex; border-bottom: 1px solid black;"><div style="width: 50px; text-align: right; font-size: small;">OR</div><div style="flex-grow: 1;">6a ORGANIZATION'S NAME WELLS FARGO BANK, NATIONAL ASSOCIATION</div></div>				
<div style="display: flex; border-bottom: 1px solid black;"><div style="width: 50px; text-align: right; font-size: small;">OR</div><div style="flex-grow: 1;">6b INDIVIDUAL'S SURNAME <div style="display: flex; justify-content: space-between;"><div style="width: 40%;">FIRST PERSONAL NAME</div><div style="width: 30%;">ADDITIONAL NAME(S)/INITIAL(S)</div><div style="width: 30%;">SUFFIX</div></div></div></div>				
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)				
<div style="display: flex; border-bottom: 1px solid black;"><div style="width: 50px; text-align: right; font-size: small;">OR</div><div style="flex-grow: 1;">7a ORGANIZATION'S NAME WELLS FARGO BANK, NATIONAL ASSOCIATION</div></div>				
<div style="display: flex; border-bottom: 1px solid black;"><div style="width: 50px; text-align: right; font-size: small;">OR</div><div style="flex-grow: 1;">7b INDIVIDUAL'S SURNAME <div style="display: flex; justify-content: space-between;"><div style="width: 40%;">INDIVIDUAL'S FIRST PERSONAL NAME</div><div style="width: 30%;">ADDITIONAL NAME(S)/INITIAL(S)</div><div style="width: 30%;">SUFFIX</div></div></div></div>				
<div style="display: flex; border-bottom: 1px solid black;"><div style="width: 50px; text-align: right; font-size: small;">OR</div><div style="flex-grow: 1;">7c MAILING ADDRESS P.O. Box 760776, MAC T7422-012</div></div>				
<div style="display: flex; border-bottom: 1px solid black;"><div style="width: 40%;">CITY San Antonio</div><div style="width: 10%;">STATE TX</div><div style="width: 20%;">POSTAL CODE 78245</div><div style="width: 30%;">COUNTRY USA</div></div>				
8. COLLATERAL CHANGE 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 9.</small>				
9. NAME OF SECURED PARTY OR 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 <input type="checkbox"/> and provide name of authorizing Debtor				
<div style="display: flex; border-bottom: 1px solid black;"><div style="width: 50px; text-align: right; font-size: small;">OR</div><div style="flex-grow: 1;">9a ORGANIZATION'S NAME WELLS FARGO BANK, NATIONAL ASSOCIATION</div></div>				
<div style="display: flex; border-bottom: 1px solid black;"><div style="width: 50px; text-align: right; font-size: small;">OR</div><div style="flex-grow: 1;">9b INDIVIDUAL'S SURNAME <div style="display: flex; justify-content: space-between;"><div style="width: 40%;">FIRST PERSONAL NAME</div><div style="width: 30%;">ADDITIONAL NAME(S)/INITIAL(S)</div><div style="width: 30%;">SUFFIX</div></div></div></div>				
10. OPTIONAL FILER REFERENCE DATA Debtor Name: 444 WESTMINSTER PARTNERS II, LLC 99644087 5470659366				

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS

11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form 201921789540 11/6/2019 SS RI	
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form	
12a. ORGANIZATION'S NAME WELLS FARGO BANK, NATIONAL ASSOCIATION	
OR	
12b. INDIVIDUAL'S SURNAME	
FIRST PERSONAL NAME	
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

13. Name of DEBTOR on related financing statement (Name of a current Debtor of record required for indexing purposes only in some filing offices - see Instruction item 13). Provide only one Debtor name (13a or 13b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name); see Instructions if name does not fit

13a. ORGANIZATION'S NAME 444 WESTMINSTER PARTNERS II, LLC			
OR			
13b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

14. ADDITIONAL SPACE FOR (CHECK ONE BOX) ☐ ITEM 8 (Collateral) OR ☐ OTHER INFORMATION (Please Describe)

Debtor Name and Address:

444 WESTMINSTER PARTNERS II, LLC - 100 Westminster Street, Suite 1700, Providence, RI 02903

Secured Party Name and Address:

WELLS FARGO BANK, NATIONAL ASSOCIATION - P.O. Box 760776, MAC T7422-012, San Antonio, TX 78245

15. This FINANCING STATEMENT AMENDMENT <input type="checkbox"/> covers timber to be cut <input type="checkbox"/> covers as-extracted collateral <input type="checkbox"/> is filed as a fixture filing	17. Description of real estate
16. Name and address of a RECORD OWNER of real estate described in item 17 (if Debtor does not have a record interest)	

18. MISCELLANEOUS 99644987-RI-0 8347 WFB-WHOLLSALE LOAN-0 WELLS FARGO BANK, NATIONAL File with Secretary of State, RI 5470659366