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	CC FINANCING STATEMENT AMENDME	ENT					
	NAME & PHONE OF CONTACT AT SUBMITTER (optional) arme: Wolters Kluwer Lien Solutions Phone: 800-331-3282	Fax: 8	18-662-4141				
В.	E-MAIL CONTACT AT SUBMITTER (optional) uccfilingreturn@wolterskluwer.com						
C. SEND ACKNOWLEDGMENT TO: (Name and Address) 10104 - Caterpillar							
	Lien Solutions 1(0006	9516		·		
	Glendale, CA 91209-9071 RIF	રા					
Į	File with: Secretary of State, RI SEE BELOW FOR SECURED PARTY CONTACT INF	ORMA	тюм	THE ABOVE S	PACE IS F	OR FILING OFFICE USE	ONLY
	INITIAL FINANCING STATEMENT FILE NUMBER 2430837520 7/25/2024 SS RI	<u> </u>	1	D. This FINANCING STA	TEMENT AN	IENDMENT is to be filed (for	record]
2. [TERMINATION Effectiveness of the Financing Statement identified Statement	above is	s terminated with r	espect to the secunty interes	st(s) of Secur	ed Party authorizing this Terr	mination
3. [ASSIGNMENT (full or partial) Provide name of Assignee in item 7a For partial assignment, complete items 7 and 9 and also indicate af			gnee in item 7c and name o	of Assignor in	item 9	
4. [CONTINUATION Effectiveness of the Financing Statement identifier continued for the additional period provided by applicable law	d above	with respect to the	security interest(s) of Secu	ired Party aut	honzing this Continuation Sta	atement is
5. [PARTY INFORMATION CHANGE.						
	Check <u>one</u> of these two boxes: ANQ Ch This Change affects Debtor or Secured Party of record	CHANG	of these three boxes GE name and/or ad- s or 6b, and item 7a	ress Complete , , ADD	name. Comple 7b, and item :		
	CURRENT RECORD INFORMATION Complete for Party Information C						
	69 ORGANIZATION'S NAME						
OR	65 INDIVIDUAL'S SURNAME		FIRST PERSONAL	NAME	DITIGOR	MAL NAME(SYNITIAL(S)	SUFFIX
7 (L CHANGED OR ADDED INFORMATION, Complete for Assignment or Party Inform	mation Cha	I inge - provide only <u>ov</u> i	name (7a or 7b) (use exact full re	ime, do not omit,	modify, or abbreviate any part of the	Debror's name)
	7# ORGANIZATION'S NAME						
OR	75. INDIVIDUAL'S SURNAME					.	
	INDIVIDUAL'S FIRST PERSONAL NAME						
	(è) Jatinye) jaman jamontrona e' jalidiyidin						SUFFIX
75	MAILING ADDRESS		Тспу		STATE	TPOSTAL CODE	COUNTRY
	WALLING ALLEAGE				Jairie	PostAL code	CODIVINI
8.	COLLATERAL CHANGE: Check only one box					-	SSIGN* collatera
ON	Indicate collateral IE (1) CATERPILLAR 980-14 Wheel Loader S/N: WFX012			•		essions thereto, now ov	
	reafter acquired and proceeds thereof. The above collatera w Jersey, specifically Chapter 9 of Title 12A, pursuant to 1				rm Comme	ercial Code (if this stater	ment is filed in
_			_				
			ENDMENT: Proviame of authorizing)) (name of As	signor, if this is an Assignmer	nt)
	94 ORGANIZATION'S NAME Caterpillar Financial Services Corporation						
OR	· ·		FIRST PERSONAL	NAME	ОПСОА	DNAL NAME(SYNITIAL(S)	SUFFIX
10.	I OPTIONAL FILER REFERENCE DATA: Debtor Name: ATLANT	IC COI	L NTROL SYSTE	MS, INC.	<u> </u>		
100	0069516 001-70150077					001-70150077	

RI SOS Filing Number: 202430876240 Date: 8/5/2024 12:40:00 PM

FOLLOW INSTRUCTIONS	MENT ADDENDUM		
11. INITIAL FINANCING STATEMENT FILE NUMBER Same as item 202430837520 7/25/2024 SS RI	n 1a on Amendment form]	
12, NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as	sitem 9 on Amendment form	1	
12a ORGANIZATION'S NAME		1	
Caterpillar Financial Services Corporation			
OR 126 INDIVIDUAL'S SURNAME			
FIRST PERSONAL NAVE	·		
ADDITIONAL NAME(S)INITIAL(S)	SUFFIX	•	
13. Name of DEBTOR on related financing statement (Name of a cur	rrent Debtor of record required for indexing	THE ABOVE SPACE IS FOR FILING OFFICE U	
one Debtor name (13a or 13b) (use exact, full name, do not omit			,
134 ORGANIZATION'S NAME ATLANTIC CONTROL SYSTEMS, INC.			
OR 136 INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(SYINITIAL(S)	SUFFIX
15. This FINANCING STATEMENT AMENDMENT: covers timber to be out covers as extracted collateral 16. Name and address of a RECORD OWNER of real estate describ (if Debtor does not have a record interest): Covers as extracted collateral	is filed as a fixture filing	of real estate	
18. MISCELLANEOUS 100069516-RI-0 10104 - Caterpil at Financia	Caterpifar Financial Services	File with Secretary of State, RI 001-70150077 001 7015	50077