=	
	4
_	
_	
_	í
_	
==	į
_	
=	
=	
=	
_	
_	
_	
_	
_	
=	
_	
=	
_	
=	
_	
_	ı
$\overline{}$	Ė
_	
_	
_	
=	
_	i
_	
_	
==	
	4
	ı
_	i
_	
=	
=	
=	
=	
_	
_	
=	
	•
=	
Ξ	
≣	
≣	
≣	

JCC FINANCING STATEMENT AME OLLOW INSTRUCTIONS	NDMENT					
A. NAME & PHONE OF CONTACT AT FILER (optional) Name. Wolters Kluwer Lien Solutions Phone. 800-3	331-3282 Fax: 8	18-662-4141	]			
B. E-MAIL CONTACT AT FILER (optional) uccfilingreturn@wolterskluwer.com			1			
C. SEND ACKNOWLEDGMENT TO. (Name and Address)	34785 - BROC	KLINE	1			
Lien Solutions P.O. Box 29071	101017	7801				
Glendale, CA 91209-9071	RIRI					
File with: Secretary of State	e RI		THE AROVE	F SPACE IS E	OR FILING OFFICE US	ŠE ONI Y
a. INITIAL FINANCING STATEMENT FILE NUMBER	6,111		1b. This FINANCING S	STATEMENT AM	ENDMENT is to be filed [f	
01414474630 11/7/2014 SS RI				nent Addendum (Fo	m UCC3Ad) <u>and</u> provide Deti	
<ul> <li>TERMINATION: Effectiveness of the Financing Statement</li> </ul>	it identified above is	terminated with	respect to the security into	erest(s) of Securi	ed Party authorizing this T	ermination
ASSIGNMENT (full or partial): Provide name of Assignee For partial assignment, complete items 7 and 9 and also	in item 7a or 7b, <u>an</u> indicate affected co	d address of As llateral in item 8	signee in item 7c <u>and</u> nan	ne of Assignor in	rtem 9	
CONTINUATION: Effectiveness of the Financing Stateme	ent identified above:	with respect to t	ne security interest(s) of S	ecured Party aut	nonzing this Continuation	Statement is
PARTY INFORMATION CHANGE			··- <u>-</u>			
Check one of these two boxes	AND Check one o					_
This Change affects Debtor or Secured Party of record	CHANG item 6a	E name and/or a or 6b, <u>and</u> item 7		DD name Comple a or 7b, <u>and</u> item /		Grve record name i item 6a or 6b
CURRENT RECORD INFORMATION: Complete for Party Info	ormation Change - p	rovide only <u>one</u>	name (6a or 6b)			
A-OK TURF EQUIPMENT, INC.						
OR 66 INDIVIDUAL'S SURNAME		FIRST PERSONA	LNAME	ADDITIO	NAL NAME(SYMITIAL(S)	SUFFIX
CHANGED OR ADDED INFORMATION. Complete for Assignment	or Parky Information Char		na nama (70 na 76) (ann nama (			
7# ORGANIZATION'S NAME		ac - provide or i) g	(	G 14-12, 00 10, 3112.	notify of adversary part of the	ar Decorationary
R 76 INDIVIDUAL'S SURNAME						
INDIVIDUAL'S FIRST PERSONAL NAME	·		<del></del>			<u> </u>
INDIVIDUAL'S ADDITIONAL NAME(S) INITIAL(S)						SUFFIX
<u>l</u>						
E MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
COLLATERAL CHANGE: Also church one of these to	11.00		٦			
<ul> <li>Li COLLATERAL CHANGE: <u>Also</u> check <u>onc</u> of these for Indicate collateral:</li> </ul>	ur boxes ∐ADD	collateral	DELETE collateral	☐ RESTATE	covered collateral	ASSIGN collatera
2 22 12 22 11 11 11	•					
NAME OF SECURED PARTY OF RECORD AUTHOR	RIZING THIS AME	NDMENT: Pro	vide cely one name (9a or	r 9h) (name of As	signor, if this is an Assignm	ent)
If this is an Amendment authorized by a DEBTOR, check here  9a GRGANIZATION'S NAME		ime of authorizin				
BANK RHODE ISLAND						
OR 96 INDIVIDUAL'S SURNAME		FIRST PERSONA	L NASSE	OITIOGA	NAL NAME(SEINITIAL(S)	SUFFIX
0. OPTIONAL FILER REFERENCE DATA: Debtor Name: (	A-OK TURF EQ	UIPMENT, IN	IC.			
01017801 312 3612					312	

RI SOS Filing Number: 202431117630 Date: 10/4/2024 1:57:00 PM

116	CC FINANCING STATEMENT AMEN	DMENT ADDENDUM			
	LLOW INSTRUCTIONS	DIMENT ADDENDUM			
11.	NITIAL FINANCING STATEMENT FILE NUMBER: Same as ite	om 1a on Americkner't form			
_	1414474630 11/7/2014 SS RI NAME OF PARTY AUTHORIZING THIS AMENDMENT Same	ar dom û on Amondment furm	_		
12	12a ORGANIZATION'S NAME	as lien 9 on Amendment form	_		
	BANK RHODE ISLAND				
0.0					
OR	126. INDIVERVIAL'S SURNAME				
	FIRST PERSONAL NAME	<del></del>			
	ADDITKMAL NAME(SYNITIAL(S)	SUFFIX			
			THE AE	OVE SPACE IS FOR FILING OFFICE U	SE ONLY
13.	Name of DEBTOR on related financing statement (Name of a cone Debtor name (13a or 13b) (use exact, full name; do not on	current Debtor of record required for intent, modify, or abbreviate any part of the	lexing purposes only	in some filing offices - see Instruction itel	
	135 ORGANIZATIONS NAME A-OK TURF EQUIPMENT, INC.				
OR	130 MDIVIDUAL'S SURNAME			Table 2	T
	130 MUNIODAL S SURNAME	FIRST PERSONAL NĀR	ME .	ADDITIONAL NAME(SYMITTAL(S)	SIFFIX
De	ADDITIONAL SPACE FOR ITEM 8 (Collateral) ofor Name and Address: OK TUBE FOURDMENT INC. 1357 MAIN STREET	COVENTRY DI 02816			
M-(	OK TURF EQUIPMENT, INC 1357 MAIN STREET	, COVENTRY, RI UZ816			
	cured Party Name and Address:				
ВА	NK RHODE ISLAND - 3 COVENTRY SHOPPERS F	PARK, COVENTRY, RI 02816			
_					
15	This FINANCING STATEMENT AMENDMENT.		escription of real est	ate:	
16	covers timber to be cut covers as extracted collaters  Name and address of a RECORD OWNER of real estate descr				
	(if Debtor does not have a record interest):	locd at item 17			
				•	
	•				

Prepared by Lien Solutions, P.O. Box 29071, Glendalu, CA 91209-9071 Tel (800) 331-3282

312 3612 312

BANK RHODE ISLAND

File with Secretary of State, Ri

18. MISCELLANEOUS: 101017801-RF0 34785 BROCKLINE BANK