UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS	AMENDMENT					
A. NAME & PHONE OF CONTACT AT SUBMITTE Name: Wolters Kluwer Lien Solutions Phone		18-662-4141				
B. E-MAIL CONTACT AT SUBMITTER (optional) uccfilingreturn@wolterskluwer.com	_ •·					
C. SEND ACKNOWLEDGMENT TO. (Name and A	Address) 34785 - BRO0	OKLINE				
Lien Solutions P.O. Box 29071						
Glendale, CA 91209-9071	RIRI					
File with: Secretary of State, RI SEE BELOW FOR SECURED PARTY	Y CONTACT INFORMA	TION _	THE ABOVE SP	ACE IS F	OR FILING OFFICE US	SE ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER 201414470010 11/6/2014 SS RI		11		EMENT AM	ENDMENT is to be filed [fo	
2. TERMINATION: Effectiveness of the Financing S	Statement identified above is	terminated with r	Filer attach Amendment A	ddendum (Fo	m UCC3Ad) <u>and</u> provide Debt	
Statement	·					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
3 ASSIGNMENT (full or partial) Provide name of A For partial assignment, complete items 7 and 9 a	Assignee in item 7a or 7b, <u>ar</u> <u>and</u> also indicate affected co	<u>nd</u> address of Ass bilateral in item 8	ignee in item 7c <u>and</u> name of	Assignor in	item 9	
CONTINUATION: Effectiveness of the Financing continued for the additional period provided by a	Statement identified above pplicable law	with respect to the	e security interest(s) of Securi	ed Party aut	horizing this Continuation S	Statement is
5. PARTY INFORMATION CHANGE						
Check one of these two boxes	CHANC	of these three boxes GF name and/or add	iress: CompleteADD n	ame Comple	de itemDELETE name	Give record name
This Change affects Debtor or Secured Party 6. CURRENT RECORD INFORMATION Complete for	of record flom 6a	or 6b, <u>and</u> item 7a	or /b <u>and</u> item 7c 7a or 7	b <u>and</u> item ?	to be deleted in	item 6a or 6b
68 ORGANIZATION'S NAME		provide only <u>one</u> r	iame (da or do)		, , .	
UNITED REAL ESTATE MANAGEM	MENT, LLC					
66 INDIVIDUAL & SURNAME		FIRST PERSONAL NAME		ADDITIONAL NAME(SYMITTAL(S)		SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for A	Assignment or Party Information Cha	nge - provide only <u>or</u>	name (7a or 7b) (use exact, full nam	ne, do not ome,	modify, or abbreviate any part of th	ne Debtor's name)
74 ORGANIZATION'S NAME	-					
OR 76 INDIVIDUAL'S SURNAME						
INDIVIOUAL'S FIRST PERSONAL NAME						
WOWLSTAST PERSONAL NAME						
INDIVIDUAL'S ADDITIONAL NAME(SYMITIAL(S)	•	-				SUFFIX
7c MAILING ADDRESS		CITY		STATE	T POSTAL CODE	COUNTRY
8. COLLATERAL CHANGE Check only one bo.	x DADD	collateral	DELETE collateral	RESTATE	covered collateral	ASSIGN* ∞llatera
Indicate collateral	*Check ASS	SIGN COLLATERAL ON	r & the assignee's power to amend the m	cord is limited to	centrum coffolieral end describe the co	Alaferal in Section 6
9. NAME OF SECURED PARTY OF RECORD A				(name of As	signor, if this is an Assignm	ent)
If this is an Amendment authorized by a DEBTOR, che 9a ORGANIZATION'S NAME	ck here and provide n	ame of authorizing	Debtor			
OR SEINDIVIOUAL'S SURNAME		LIDET SERVICE	NAME	Less	A1114F/6:	Louissin
SO INDIVIDUALS SCHNAME		FIRST PERSONAL	NAME	ADDITIO	NAL NAME(SYINITIAL(S)	SUFFIX
10 OPTIONAL FILER REFERENCE DATA. Debtor I	Vame: LINITED REAL	ESTATE MANI	AGEMENT LLC	_1		

RI SOS Filing Number: 202431117810 Date: 10/4/2024 1:58:00 PM

386 3230

101017388

FO	CC FINANCING STATEMENT AMEN					
	INITIAL FINANCING STATEMENT FILE NUMBER. Same as ite 1414470010 11/6/2014 SS RI	em 1a on Amendment f	orm			
12.	NAME OF PARTY AUTHORIZING THIS AMENDMENT. Same	as item 9 on Amendm	ent form	1		
	BANK RHODE ISLAND]		
0						
OF	126. INDIVIDUAL'S SURNAME	, <u> </u>		1		
	FIRST PERSONAL NAME	·		1		
	ADDITIONAL NAME(SYMITIAL(S)		SUFFIX	1		
13.	Name of DEBTOR on related financing statement (Name of a c	current Debtor of record	I required for indexing	purposes only in som	PACE IS FOR FILING OFFICE US re filing offices - see Instruction item	
	one Debtor name (13a or 13b) (use exact, full name; do not on 13a, ORGANIZATION'S NAME	nit, modify, or abbrevia	te any part of the Deb	tor's name), see Instru	uctions if name does not fit	
	UNITED REAL ESTATE MANAGEMENT, LE	LC				
OR	136 INDIVIDUAL'S SURNAME	FIRS	PERSONAL NAME		ADDITIONAL NAME(SYMITIAL(S)	SUFFIX
	ADDITIONAL SPACE FOR (CHECK ONE BOX):	☐ ITEM 8 (C	ollateral) OR	_OTHER INFOR	I MATION (Please Describe)	1
	btor Name and Address: IITED REAL ESTATE MANAGEMENT, LLC - 148 M	IAIN STREET FA	ST GREENWICH	RI 02818		•
				,		
	cured Party Name and Address: NK RHODE ISLAND - ONE TURKS HEAD PLACE :	PROVIDENCE: R	N 02903			
		,	02000			
15.	This FINANCING STATEMENT AMENDMENT:		17. Descrip	tion of real estate		
	covers timber to be out covers as-extracted collatera	al 🔲 as filed as a fixt	ure filing			
16.	Name and address of a RECORD OWNER of real estate descr (if Deblor does not have a record interest)	ibed in item 17				
	fir papitix goes not usas a racdid inferest)					

386 3230 pd

File with: Secretary of State, RI

BANK RHODE ISLAND

18. MISCELLANEOUS 10:01/388 RI 0 34785 - BROOKLINE BANK