

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) 20710 - KUBOTA CREDIT Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071 101093656 RIRI File with: Secretary of State, RI SEE BELOW FOR SECURED PARTY CONTACT INFORMATION THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY									
1a. INITIAL FINANCING STATEMENT FILE NUMBER 202328308350 1/6/2023 SS RI			1b. ☐ This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS File: attach Amendment Acknowledgment (Form UCC3Ad) and provide Debtor's name in item 13.						
2 ☐ 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 ☐ 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 ☐ 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. ☒ PARTY INFORMATION CHANGE Check <u>one</u> of these two boxes: This Change affects: ☒ Debtor <u>or</u> ☐ Secured Party of record AND Check one of these three boxes to: ☒ CHANGE name and/or address. Complete item 6a or 6b, and item 7a or 7b and item 7c. ☐ ADD name. Complete item 7a or 7b, and item 7c. ☐ DE, FTE name. Give record name to be deleted in item 6a or 6b.									
6. CURRENT RECORD INFORMATION Complete for Party Information Change - provide only <u>one</u> name (6a or 6b)									
6a ORGANIZATION'S NAME THE EARLY LEARNING CENTERS OF RHODE ISLAND LL OR <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 40%; padding: 5px;">6b INDIVIDUAL'S SURNAME</td><td style="width: 20%; padding: 5px;">FIRST PERSONAL NAME</td><td style="width: 20%; padding: 5px;">ADDITIONAL NAME(S) INITIAL(S)</td><td style="width: 20%; padding: 5px;">SUFFIX</td></tr></table>					6b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S) INITIAL(S)	SUFFIX	
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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)									
7a ORGANIZATION'S NAME THE EARLY LEARNING CENTERS OF RHODE ISLAND LLC OR <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 40%; padding: 5px;">7b INDIVIDUAL'S SURNAME</td><td style="width: 20%; padding: 5px;">INDIVIDUAL'S FIRST PERSONAL NAME</td><td style="width: 20%; padding: 5px;">INDIVIDUAL'S ADDITIONAL NAME(S) INITIAL(S)</td><td style="width: 20%; padding: 5px;">SUFFIX</td></tr></table>					7b INDIVIDUAL'S SURNAME	INDIVIDUAL'S FIRST PERSONAL NAME	INDIVIDUAL'S ADDITIONAL NAME(S) INITIAL(S)	SUFFIX	
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7c MAILING ADDRESS <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 40%; padding: 5px;">2260 S COUNTY TRL</td><td style="width: 20%; padding: 5px;">CITY EAST GREENWICH</td><td style="width: 10%; padding: 5px;">STATE RI</td><td style="width: 15%; padding: 5px;">POSTAL CODE 02818</td><td style="width: 15%; padding: 5px;">COUNTRY USA</td></tr></table>					2260 S COUNTY TRL	CITY EAST GREENWICH	STATE RI	POSTAL CODE 02818	COUNTRY USA
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8 COLLATERAL CHANGE Check only <u>one</u> box: Indicate collateral: ☐ ADD collateral ☐ DELETE collateral ☐ RESTATE covered collateral ☐ ASSIGN* collateral *Check ASSIGN COLLATERAL only if the assignor's power to amend the record is limited to certain collateral and cover on the collateral in Section 9.									
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: ☐ and provide name of authorizing Debtor									
9a ORGANIZATION'S NAME Kubota Credit Corporation, U.S.A. OR <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 40%; padding: 5px;">9b INDIVIDUAL'S SURNAME</td><td style="width: 20%; padding: 5px;">FIRST PERSONAL NAME</td><td style="width: 20%; padding: 5px;">ADDITIONAL NAME(S) INITIAL(S)</td><td style="width: 20%; padding: 5px;">SUFFIX</td></tr></table>					9b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S) INITIAL(S)	SUFFIX	
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10. OPTIONAL FILER REFERENCE DATA Debtor Name: THE EARLY LEARNING CENTERS OF RHODE ISLAND LLC 101093656 10560/824 37480									

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS

11. INITIAL FINANCING STATEMENT FILE NUMBER Same as item 1a on Amendment form

202328308350 1/6/2023 SS RI

12. NAME OF PARTY AUTHORIZING THIS AMENDMENT Same as item 9 on Amendment form

12a. ORGANIZATION'S NAME

Kubota Credit Corporation, U.S.A.

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

THE EARLY LEARNING CENTERS OF RHODE ISLAND LL

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:

THE EARLY LEARNING CENTERS OF RHODE ISLAND LLC - 2260 S COUNTY TRL , EAST GREENWICH, RI 02818

Secured Party Name and Address:

Kubota Credit Corporation, U.S.A. - PO Box 2046 , Grapevine, TX 76099

15. This FINANCING STATEMENT AMENDMENT

☐ covers timber to be cut ☐ covers as-extracted collateral ☐ is filed as a fixture filing

16. Name and address of a RECORD OWNER of real estate described in item 17
(If Debtor does not have a record interest)

17. Description of real estate

18. MISCELLANEOUS 101093655-RI-0 20710 - KUBOTA CREDIT CORPOR Kubota Credit Corporation, U.S.A. File with: Secretary of State, RI 10560/824 37480