

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)
Lien Solutions 101100757
P.O. Box 29071 RIRI
Glendale, CA 91209-9071
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
202430293470 3/12/2024 SS RI
1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS
For Attach Amendment Addendum (Form UCC3Ac) 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 one of these two boxes
This Change affects Debtor or 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
DELETE name Give record name to be deleted in item 6a or 6b

6. CURRENT RECORD INFORMATION Complete for Party Information Change - provide only one name (6a or 6b)
6a ORGANIZATION'S NAME
OR
6b INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S) INITIAL(S) SUFFIX

7. CHANGED OR ADDED INFORMATION Complete for Assignment or Party Information Change - provide only one 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
JDK LOPES, LLC
OR
7b INDIVIDUAL'S SURNAME
INDIVIDUAL'S FIRST PERSONAL NAME
INDIVIDUAL'S ADDITIONAL NAME(S) INITIAL(S) SUFFIX

7c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY
PO BOX 174 TAUNTON MA 02780-1016 USA

8. COLLATERAL CHANGE Check only one box
[] ADD collateral [] DELETE collateral [] RESTATE covered collateral [] ASSIGN* 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 8
Indicate collateral

9. NAME OF SECURED PARTY or RECORD AUTHORIZING THIS AMENDMENT Provide only one 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
C T Corporation System, as representative
OR
9b INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S) INITIAL(S) SUFFIX

10. OPTIONAL FILER REFERENCE DATA Debtor Name: DMD LOPES LLC
101100757

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS

11. INITIAL FINANCING STATEMENT FILE NUMBER Same as item 1a on Amendment form
 202430293470 3/12/2024 SS RI

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

OR	12a ORGANIZATION'S NAME C T Corporation System, as representative	
	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

OR	13a ORGANIZATION'S NAME DMD LOPES LLC			
	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:
 DMD LOPES LLC - 42 NORTH PLEASANT STREET , TAUNTON, MA 02780
 DMD LOPES LLC - 42 NORTH PLEASANT STREET , TAUNTON, MA 02780
 Lopes, Daniel - 42 NORTH PLEASANT STREET , TAUNTON, MA 02780
 Lopes, Daniel D - 42 NORTH PLEASANT STREET , TAUNTON, MA 02780
 Deandrade, Denny - 42 NORTH PLEASANT STREET , TAUNTON, MA 02780
 Deandrade, Denny Dacruz - 42 NORTH PLEASANT STREET , TAUNTON, MA 02780
 Lopes, Maria - 42 NORTH PLEASANT STREET , TAUNTON, MA 02780
 Lopes, Maria D - 42 NORTH PLEASANT STREET , TAUNTON, MA 02780
 Lopes, Rossana - 42 NORTH PLEASANT STREET , TAUNTON, MA 02780
 Lopes, Rossana N - 42 NORTH PLEASANT STREET , TAUNTON, MA 02780
 DMD LOPES LLC - 25 EDGEWATER LN , TAUNTON, MA 02780
 DMD LOPES - 25 EDGEWATER LN , TAUNTON, MA 02780
 Lopes, Daniel - 25 EDGEWATER LN , TAUNTON, MA 02780
 Lopes, Daniel D - 25 EDGEWATER LN , TAUNTON, MA 02780
 Deandrade, Denny - 25 EDGEWATER LN , TAUNTON, MA 02780
 Deandrade, Denny Dacruz - 25 EDGEWATER LN , TAUNTON, MA 02780
 Lopes, Maria - 25 EDGEWATER LN , TAUNTON, MA 02780
 Lopes, Maria D - 25 EDGEWATER LN , TAUNTON, MA 02780
 Lopes, Rossana - 25 EDGEWATER LN , TAUNTON, MA 02780
 Lopes, Rossana N - 25 EDGEWATER LN , TAUNTON, MA 02780
 Deandrade, Denny - 1 TIFFANY STREET , CENTRAL FALLS, RI 02863
 Deandrade, Denny Dacruz - 1 TIFFANY STREET , CENTRAL FALLS, RI 02863
 Lopes, Rossana - 6 PARK STREET , CENTRAL FALLS, RI 02863
 Lopes, Rossana N - 6 PARK STREET , CENTRAL FALLS, RI 02863

15. This FINANCING STATEMENT AMENDMENT
 covers timber to be cut covers as-extracted collateral 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)

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS

11 INITIAL FINANCING STATEMENT FILE NUMBER Same as item 1a on Amendment form
 202430293470 3/12/2024 SS RI

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

*2a ORGANIZATION'S NAME C T Corporation System, as representative	
OR	
*2b INDIVIDUAL'S SURNAME	
FIRST PERSONAL NAME	
ADDITIONAL NAME(S) (INITIAL(S))	SUFFIX

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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 DMD LOPES 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)

Lopes, Rossana - 355 BROAD ST APT 1 , CUMBERLAND, RI 02864
 Lopes, Rossana N - 355 BROAD ST APT 1 , CUMBERLAND, RI 02864
 JDK LOPES, LLC - 25 EDGEWATER LN , TAUNTON, MA 02780
 JDK LOPES, LLC - 25 EDGEWATER LN , TAUNTON, MA 02780
 JDK LOPES, LLC - PO BOX 174 , TAUNTON, MA 02780-1016

Secured Party Name and Address:

C T Corporation System, as representative - 330 N Brand Blvd, Suite 700; Attn: SPRS , Glendale, CA 91203

15 THIS FINANCING STATEMENT AMENDMENT:
 covers timber to be cut covers as-extracted collateral 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)