

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A NAME & PHONE OF CONTACT AT FILER (optional) Gregor Mittersinker 401-484-1207
B E-MAIL CONTACT AT FILER (optional)
C SEND ACKNOWLEDGMENT TO (Name and Address) Gregor Mittersinker, LOFT LLC 19 Bassett Street, Suite 240 Providence, RI 02903

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a INITIAL FINANCING STATEMENT FILE NUMBER RI SOS 202022892920	1b <input type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS For <u>part</u> Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13
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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: Debtor or Secured Party of record. **AND** Check one of these three boxes to: CHANGE name and/or address. Complete item 5a or 5b, 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 (5a or 6b)

6a ORGANIZATION'S NAME LOFT LLC	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	OR		
7b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

7c MAILING ADDRESS 19 Bassett St., Suite 240	CITY Providence	STATE RI	POSTAL CODE 02903	COUNTRY USA
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8. **COLLATERAL CHANGE**: Also check one of these four boxes: ADD collateral, DELETE collateral, RESTATE covered collateral, ASSIGN collateral. 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 U.S. Small Business Administration	OR		
9b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

10. OPTIONAL FILER REFERENCE DATA
TO BE FILED WITH THE STATE OF RI