

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A NAME & PHONE OF CONTACT AT FILER (optional) Diane Tavares				
B E-MAIL CONTACT AT FILER (optional) Diane.Tavares@coastall.org				
C SEND ACKNOWLEDGMENT TO (Name and Address) COASTAL1 CREDIT UNION 1200 CENTRAL AVE PAWTUCKET RI, 02861				
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY				
1a INITIAL FINANCING STATEMENT FILE NUMBER RI SOC 201921860230		1b ☒ This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS. Filer <u>attach</u> Amendment Addendum (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 one of these two boxes: ☐ Debtor ☒ Secured Party of record. AND Check one of these three boxes to: This Change affects: ☐ 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 (5a or 6b): 6a ORGANIZATION'S NAME Askeland, 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 INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX				
7c MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 39 Sophia Lane Greenville RI 02828 USA				
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 OF 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 COASTAL1 CREDIT UNION 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				