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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) uccfiltingreturn@wolterskluwer.com	
C. SEND ACKNOWLEDGMENT TO (Name and Address) 32814 - THE	
Lien Solutions 101387018	
P.O. Box 29071 Glendale, CA 91209-9071 RIRI	
FIXTURE	
File with: Secretary of State, RI SEE BELOW FOR SECURED PARTY CONTACT INFORMATION THE ABOVE SPACE IS FOR FILING OF	
19. INITIAL FINANCING STATEMENT FILE NUMBER 202023010990 6/19/2020 SS RI 15. SThis FINANCING STATEMENT AMENDMENT is to (or recorded) in the REAL ESTATE RECORDS File attach Amendment Addendum (Form UCC3Ad) and p	
2. TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authoriz Statement	
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 Concordinued for the additional period provided by applicable law	dinuation Statement is
5. DPARTY INFORMATION CHANGE.	
	ETE name Give record name
This Change affects Debtor or Secured Party of record dem 6a or 6b, and item 7a or 7b and item 7c To an or 7b, and item 7c To be 6. CURRENT RECORD INFORMATION Complete for Party Information Change - provide only one name (6a or 6b)	e deleted in item 6a or 6b
6a ORGANIZATION'S NAME	· -
P & N Holdings LLC	TALIS) SUFFIX
66 INDIVIDUAL'S SURNAME ADOMIONAL NAMELISYNIT	IAL(5)
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party information Change - provide only only name (7a or 7b) (use waxe, full name, do not omit, modify or abbreviate [7a ORGANIZATION'S NAME]	any pari of the Debtor's name)
OR 75 INDIVIDUAL'S SURNAME	
INDIVIDUAL'S FIRST PERSONAL NAME	
	
INDIVIDUAL'S ADDITIONAL NAME(SYMPTIAL(S)	SUFFIX
7c. MAILING ADDRESS CITY STATE POSTAL CODE	COUNTRY
	al ASSIGN* collaters
8 COLLATERAL CHANGE: Check only one box ADD collateral DELETE collateral RESTATE covered collater	
8 COLLATERAL CHANGE: Check only one box ADD collateral DELETE collateral RESTATE covered collateral Indicate collateral Change: Check only one box Check ASSON COLLATERAL only if the assequer's power to amend the record of Limited to certain confidence and one of the confidence of t	describe the collaboration Section 8
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Indicate collateral "Check ASSXON COLLATERAL only if the assignment is where the record is 1 mitted to senteen conditional and o	
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT. Provide only one name (9a or 9b) (name of Assignor, if this is a lift his is an Amendment authorized by a DEBTOR, check here. and provide name of authorizing Debto:	
Indicate collateral "Check ASSIGN COLLATERAL only if the assignment to amend the record is 1 med to certain contained and of the second of th	in Assignment)
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT. Provide only one name (9a or 9b) (name of Assignor, if this is an Amendment authorized by a DEBTOR, check here. and provide name of authorizing Debto: 93. ORGANIZATION'S NAME The Washington Trust Company, of Westerly	in Assignment)

RI SOS Filing Number: 202431265610 Date: 10/30/2024 1:26:00 PM

11, I	LOW INSTRUCTIONS VITIAL FINANCING STATEMENT F		silem 1a on Amend	ment form	1		
	023010990 6/19/2020		O A	and and form	4		
12	NAME OF PARTY AUTHORIZING T 12a ORGANIZATION'S NAME	HIS AMENUMENT Sa	me as ilem 9 on An	kenament rom	1		
	The Washington Trust C	ompany, of West	erly 	<u> </u>			
		1					
OR	125 INDIVIDUAL'S SURNAME	i					
	FIRST PERSONAL NAME				1		
	(S)JAITINIVS)3MAN JANOTRUCA	<u>:</u>	· ·	SUFFIX	1		
_			-			SPACE IS FOR FILING OFFICE US	
13.	Name of DEBTOR on related financ one Debtor name (13a or 13b) (use 13a ORGANIZATKINS NAME	exact, full name; do no	a current Debtor of tiomit, modify, or ab	record required for indexing breviate any part of the Det	purposes only in sor Nor's name), see Inst	ne filing offices - see Instruction item ructions if name does not fil	13): Provide only
	P & N Holdings LLC	į					
OR	136 INDIVIDUAL'S SURNAME			FIRST PERSONAL NAME		ADDITIONAL NAME(SYMITIAL(S)	SUFFIX
	ADDITIONAL SPACE FOR (CHECK	CONT. BOYL	11.55	M 8 (Coffateral) OR	hcom.com	RMATION (Please Describe)	
	Washington Trust Company	ss: , of Westerly - 23 B	road Street , We	esterly, RI 02891			
	Washington Trust Company		road Street , We	esterly, RI 02891			
endend	Washington Trust Company This FINANCING STATEMENT AM	, of Westerly - 23 B	road Street , We		ption of real estate		

Lauren L Bowerman 18123100165

File with Secretary of Stale, RI

18 MISCELLANEOUS 101387918-RI 0 32814 THE WASHINGTON TRUST The Washington Trust Company, of

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