

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A NAME & PHONE OF CONTACT AT FILER (optional)  
**Jocelyn Amaral 774-226-1358**

B E-MAIL CONTACT AT FILER (optional)  
**Jocelyn.Amaral@bcsbmail.com**

C SEND ACKNOWLEDGMENT TO (Name and Address)

**Bristol County Savings Bank  
 29 Broadway  
 Taunton, MA 02780**

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a INITIAL FINANCING STATEMENT FILE NUMBER  
**RI SOS 202023964220 12/9/2020**

1b  This FINANCING STATEMENT AMENDMENT is to be filed (or refiled) (or recorded) in the REAL ESTATE RECORDS. If an attached Amendment Addendum (Form UCC3Ad) also 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 AND Check one of these three boxes to

This Change affects  Debtor or  Secured Party of record  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 5a or 6b

6 CURRENT RECORD INFORMATION. Complete for Party Information Change - provide only one name (5a or 6b)

6a ORGANIZATION'S NAME  
**Pickles Plumbing & Heating, 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 AP 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 CITY STATE POSTAL CODE COUNTRY

**143 Victory Highway Mapleville RI 02839 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  
**Bristol County Savings Bank**

OR 9b INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

10 OPTIONAL FILER REFERENCE DATA