

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) CSC 1-800-858-5294	
B. E-MAIL CONTACT AT SUBMITTER (optional) SPRFiling@cscglobal.com	
C. SEND ACKNOWLEDGMENT TO (Name and Address) F-8145562 CSC 801 Adlai Stevenson Drive Springfield, IL 62703	
Filed In: RI Secretary Of State	
SEE BELOW FOR SECURED PARTY CONTACT INFORMATION	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE NUMBER 202329959290 12/11/2023	1b. <input type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS. Filer attach 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(ies) authorizing this Termination Statement.

3.  ASSIGNMENT. 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, check ASSIGN Collateral box in item 8 and describe the 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 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 Gem Mechanical Services, 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 Gem Mechanical Services, LLC			
OR 7b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

7c MAILING ADDRESS 1 Wellington Rd	CITY Lincoln	STATE RI	POSTAL CODE 02865	COUNTRY USA
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8. COLLATERAL CHANGE. Check only one box:  ADD collateral,  DELETE collateral,  RESTORE covered collateral,  ASSIGN\* collateral.  
Ind catn 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.

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 Barings Finance LLC, as Administrative Agent and Collateral Agent			
OR 9b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

10. OPTIONAL FILER REFERENCE DATA 37564.004