

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 FILING NUMBER RI SOS 202022514660	1b <input checked="" type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed (for record) (for recorded; in the REAL ESTATE RECORDS) File 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 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 6a or 6b

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

6a ORGANIZATION'S NAME
SILVESTRI LEASING COMPANY, 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
PO Box 8062 Cranston RI 02920 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