

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) uccfilingreturn@wolterskluwer.com				
C. SEND ACKNOWLEDGMENT TO (Name and Address) 11286 - LEAF Commercial <div style="display: flex; justify-content: space-between; align-items: flex-start; padding: 10px;"><div style="width: 45%;"><div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;">Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071</div><div style="border: 1px solid black; padding: 5px;">File with: Secretary of State, RI</div></div><div style="width: 50%; text-align: center;"><div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;">103572216</div><div style="border: 1px solid black; padding: 5px;">RIRI</div></div></div>				
SEE BELOW FOR SECURED PARTY CONTACT INFORMATION				
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY				
1a. INITIAL FINANCING STATEMENT FILE NUMBER 202531730180 3/10/2025 SS RI			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 UCC3Ac) 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 <u>one</u> of these two boxes: AND Check <u>one</u> of these three boxes to This Change affects: <input type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record CHANGE name and/or address: Complete item 6a or 6b, and item 7a or 7b and item 7c <input type="checkbox"/> 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 <u>one</u> name (6a or 6b)				
<div style="display: flex; border-bottom: 1px solid black;"><div style="width: 5%; text-align: right;">6a. ORGANIZATION'S NAME</div><div style="width: 95%;"></div></div> <div style="display: flex; border-bottom: 1px solid black;"><div style="width: 5%; text-align: right;">OR</div><div style="width: 40%; border-bottom: 1px solid black;">6b. INDIVIDUAL'S SURNAME</div><div style="width: 20%; border-bottom: 1px solid black;">FIRST PERSONAL NAME</div><div style="width: 20%; border-bottom: 1px solid black;">ADDITIONAL NAME(S) INITIAL(S)</div><div style="width: 15%; border-bottom: 1px solid black;">SUFFIX</div></div>				
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only <u>one</u> name (7a or 7b). (Use exact full name; do not omit, modify, or abbreviate any part of the Debtor's name)				
<div style="display: flex; border-bottom: 1px solid black;"><div style="width: 5%; text-align: right;">7a. ORGANIZATION'S NAME</div><div style="width: 95%;"></div></div> <div style="display: flex; border-bottom: 1px solid black;"><div style="width: 5%; text-align: right;">OR</div><div style="width: 95%; border-bottom: 1px solid black;">7b. INDIVIDUAL'S SURNAME</div></div> <div style="display: flex; border-bottom: 1px solid black;"><div style="width: 5%;"></div><div style="width: 95%; border-bottom: 1px solid black;">INDIVIDUAL'S FIRST PERSONAL NAME</div></div> <div style="display: flex; border-bottom: 1px solid black;"><div style="width: 5%;"></div><div style="width: 80%; border-bottom: 1px solid black;">INDIVIDUAL'S ADDITIONAL NAME(S) INITIAL(S)</div><div style="width: 15%; border-bottom: 1px solid black;">SUFFIX</div></div>				
<div style="display: flex; border-bottom: 1px solid black;"><div style="width: 45%; border-bottom: 1px solid black;">7c. MAILING ADDRESS</div><div style="width: 15%; border-bottom: 1px solid black;">CITY</div><div style="width: 10%; border-bottom: 1px solid black;">STATE</div><div style="width: 15%; border-bottom: 1px solid black;">POSTAL CODE</div><div style="width: 15%; border-bottom: 1px solid black;">COUNTRY</div></div>				
8. COLLATERAL CHANGE: Check only <u>one</u> box: <input checked="" type="checkbox"/> ADD collateral <input type="checkbox"/> DELETE collateral <input type="checkbox"/> RESTATE covered collateral <input type="checkbox"/> ASSIGN* collateral <small>Indicate collateral: *When ASSIGN COLLATERAL only if the assignor's power to amend the record is limited to certain collateral and describe the collateral in Section 8</small> All assets, including but not limited to, all inventory, supplies, accounts, accounts receivables, healthcare insurance receivables, general intangibles, intellectual property rights, real property, life insurance policies, office leases, chattel paper, instruments, goods, equipment, machinery, fixtures, furnishings, and all other personal property together with all other accessories, accessions, attachments thereto, whether now owned or hereafter acquired, and all other substitutions, renewals, replacements and improvements and all proceeds of the foregoing, including proceeds in the form of goods, accounts, chattel paper, documents, instruments, general intangibles, investment property, deposit accounts, letter of credit rights and supporting obligations (the "Collateral").				
9. NAME OF SECURED PARTY OR RECORD AUTHORIZING THIS AMENDMENT: Provide only <u>one</u> name (9a or 9b) (name of Assignor, if this is an Assignment) If this is an Amendment authorized by a DEBTOR, check here <input type="checkbox"/> and provide name of authorizing Debtor:				
<div style="display: flex; border-bottom: 1px solid black;"><div style="width: 5%; text-align: right;">9a. ORGANIZATION'S NAME</div><div style="width: 95%; border-bottom: 1px solid black;">LEAF Capital Funding, LLC</div></div> <div style="display: flex; border-bottom: 1px solid black;"><div style="width: 5%; text-align: right;">OR</div><div style="width: 40%; border-bottom: 1px solid black;">9b. INDIVIDUAL'S SURNAME</div><div style="width: 20%; border-bottom: 1px solid black;">FIRST PERSONAL NAME</div><div style="width: 20%; border-bottom: 1px solid black;">ADDITIONAL NAME(S) INITIAL(S)</div><div style="width: 15%; border-bottom: 1px solid black;">SUFFIX</div></div>				
10. OPTIONAL FILER REFERENCE DATA: Debtor Name: M. F. ENGINEERING COMPANY, INC 103572216				

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS

11. INITIAL FINANCING STATEMENT FILE NUMBER Same as item 1a on Amendment form 202531730180 3/10/2025 SS RI	
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT Same as item 9 on Amendment form	
12a. ORGANIZATION'S NAME LEAF Capital Funding, LLC	
OR	
12b. INDIVIDUAL'S SURNAME	
FIRST PERSONAL NAME	
ADDITIONAL NAME(S)INITIAL(S)	SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

13. Name of DEBTOR on related financing statement; (Name of a current Debtor of record required for indexing purposes only in some filing offices - see instruction item 13) Provide only one Debtor name (13a or 13b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name), see Instructions if name does not fit

13a. ORGANIZATION'S NAME M. F. ENGINEERING COMPANY, INC.			
OR			
13b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)INITIAL(S)	SUFFIX

14. ADDITIONAL SPACE FOR (CHECK ONE BOX) ☒ ITEM 8 (Collateral) OR ☐ OTHER INFORMATION (Please Describe)

Debtor Name and Address:

M. F. ENGINEERING COMPANY, INC. - 3 Peter Road , BRISTOL, RI 02809

Secured Party Name and Address:

LEAF Capital Funding, LLC - 2005 Market Street 14th Floor, Philadelphia, PA 19103

15. This FINANCING STATEMENT AMENDMENT
☐ covers number to be cut: ☐ covers as-extracted collateral ☐ is filed as a fixture filing

17. Description of real estate

16. Name and address of a RECORD OWNER of real estate described in item 17
(if Debtor does not have a record interest)