

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) 112970 - Greystone	
Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	104149958 RIRI
File with: Secretary of State, RI SEE BELOW FOR SECURED PARTY CONTACT INFORMATION	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a INITIAL FINANCING STATEMENT FILE NUMBER
202531507890 1/6/2025 SS RI

*b. This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS
 File Attach Amendment Addendum (Form UCC3Ad) 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 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
Elmwood Avenue Realty, 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
GREYSTONE BRIDGE CLO XII LLC

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

152 WEST 57TH STRET, 60TH FLOOR NEW YORK NY 10019 USA

8. **COLLATERAL CHANGE** Check only one box

ADD collateral DELETE collateral RESTATE covered collateral ASSIGN* collateral

Indicate collateral *Check ADD OR DELETE 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
Greystone Loan Aggregator LLC

OR

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

10. **OPTIONAL FILER REFERENCE DATA** Debtor Name: Elmwood Avenue Realty, LLC
 104149958 HEALTH CONCEPTS RI PORTFOLIO BRIDGE

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS

11. INITIAL FINANCING STATEMENT FILE NUMBER Same as item 1a on Amendment form
 202531507890 1/6/2025 SS RI

12. NAME OF PARTY AUTHORIZING THIS AMENDMENT Same as item 9 on Amendment form

OR	12a ORGANIZATION'S NAME Greystone Loan Aggregator LLC	
	12b INDIVIDUAL'S SURNAME	
	FIRST PERSONAL NAME	
	ADDITIONAL NAME(S) INITIAL(S)	SUFFIX

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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

OR	13a ORGANIZATION'S NAME Elmwood Avenue Realty, LLC			
	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:
 Elmwood Avenue Realty, LLC - 588 Pawtucket Avenue, Pawtucket, RI 02860
 Elmwood Health Center, Inc. - 225 ELMWOOD AVENUE, Providence, RI 02907

Secured Party Name and Address:
 Greystone Loan Aggregator LLC - 152 West 57th Street, 60th Floor, New York, NY 10019
 GREYSTONE BRIDGE CLO XII LLC - 152 WEST 57TH STRET, 60TH FLOOR, NEW YORK, NY 10019

<p>15. This FINANCING STATEMENT AMENDMENT <input type="checkbox"/> covers timber to be cut <input type="checkbox"/> covers as extracted collateral <input type="checkbox"/> is filed as a fixture filing</p> <p>16. Name and address of a RECORD OWNER of real estate described in item 17 (if Debtor does not have a record interest)</p>	<p>17. Description of real estate</p>
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