

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	104239539 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 202531508040 1/6/2025 SS RI

1b This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS Filing Office 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: 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 Village House Convalescent Home Associates, 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 CRE NOTES 2024-HC3, LLC				
OR	7b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

7c MAILING ADDRESS 152 WEST 57TH STREET, 60TH FLOOR	CITY NEW YORK	STATE NY	POSTAL CODE 10019	COUNTRY USA
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8 COLLATERAL CHANGE Check only one box

ADD collateral DELETE collateral RESTATE covered collateral ASSIGN? collateral

Indicate collateral: (Check ADD, DELETE, or RESTATE if the assignee is permitted to amend the record as limited to certain collateral and describe the collateral in Section 9)

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

10. OPTIONAL FILER REFERENCE DATA Debtor Name: Village House Convalescent Home Associates, LLC

104239539 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 202531508040 1/6/2025 SS RI	
12 NAME OF PARTY AUTHORIZING THIS AMENDMENT Same as item 9 on Amendment form	
12a ORGANIZATION'S NAME GREYSTONE BRIDGE CLO XII 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 Village House Convalescent Home Associates, LLC			
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:
 Village House Convalescent Home Associates, LLC - 588 PAWTUCKET AVENUE , Pawtucket, RI 02860
 Village House Convalescent Home, Inc. - 70 HARRISON AVENUE , NEWPORT, RI 02840

Secured Party Name and Address:
 GREYSTONE BRIDGE CLO XII LLC - 152 WEST 57TH STRET, 60TH FLOOR , NEW YORK, NY 10019
 GREYSTONE CRE NOTES 2024-HC3, LLC - 152 WEST 57TH STREET, 60TH FLOOR , NEW YORK, NY 10019

15 This FINANCING STATEMENT AMENDMENT <input type="checkbox"/> covers timber to be cut <input type="checkbox"/> covers as-extracted collateral <input type="checkbox"/> is Fied 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)	