

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 104239507 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 202531508220 1/6/2025 SS RI	1b <input type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS. File attached Amendment/Assignment 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: 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 South Kingstown Properties, 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		
INDIVIDUAL'S FIRST PERSONAL NAME			
INDIVIDUAL'S 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 ASSIGN COLLATERAL only if the assignee's power to amend the record is limited to certain collateral and described by the collateral in Section 5.)

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: South Kingstown Properties, LLC
 104239507 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
 202531508220 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 South Kingstown Properties, LLC			
OR			
13b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S) INITIAL(S)	SUFFIX

14 ADDITIONAL SPACE FOR (CHECK ONE BOX) ITEM 6 (Collateral) OR OTHER INFORMATION (Please Describe)

Debtor Name and Address:
 South Kingstown Properties, LLC - 588 PAWTUCKET AVENUE, PAWTUCKET, RI 02860
 Allen's Health Center, Inc. - 588 PAWTUCKET AVENUE, Pawtucket, RI 02860

Secured Party Name and Address:
 GREYSTONE BRIDGE CLO XII LLC - 152 WEST 57TH STREET, 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 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)	