

FOLLOW INSTRUCTIONS (FROM THE BACK) CAREFULLY

04/11/2002-17064
02:39 PM CERTIFIED
SHF.BY COUNTY JUDGE OF PROBATE
001 MSB 25.00

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. FOLLOW INSTRUCTIONS (FROM THE CASE CARD ONLY)
A. NAME & PHONE OF CONTACT AT FILER (optional)
B. SEND ACKNOWLEDGMENT TO: (Name and Address)

Loan Accounting
Aliant Bank
P.O. Box 1237
Alexander City AL 35011

12. INITIAL FINANCING STATEMENT FILE # 1997-11662

12. The FRANCHISE STATEMENT AMENDMENT is to be filed (for filing) (or recording) in the REAL ESTATE RECORDS.

2. **TERMINATION:** Effectiveness of the Financing Statement identified above is terminated with respect to security interests of the Secured Party existing prior to the Termination Statement.

1.XX CONTINUATION: Effectiveness of the Financing Statement identified above will respect to security interest(s) of the Secured Party submitting the Continuation Statement is continued for the additional pages provided by applicable law.

4. **ASSIGNMENT** (fill or pointing) Give name of assignment in item 7a or 7b and address of assignment in item 7c and also give name of assignor in item 8.

4. AMENDMENT (PARTY INFORMATION) The Amendment affects:	Center of	Sustained Party of record. Check only one of these two boxes.
---	-----------	---

Also check one of the following three items and provide appropriate information in items 6 and/or 7.

☐ **CHANGE** name and/or address. Give current record name in item 5a or 5b; also give new name if name changed in item 7a or 7b; and/or new address (if address changed in item 7c).

6. CURRENT RECORD INFORMATION

6a. ORGANIZATION'S NAME

Rafiki Hotels LLC

OR	INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

7. CHANGED (NEW) OR ADDED INFORMATION:

7. ORGANIZATION'S NAME

OR	72. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

7c MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
--------------------	------	-------	-------------	---------

7d. TAX ID # SSN OR EIN	7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID # IF ANY
ACQ INFO RE ORGANIZATION OFFICE			

3. AMENDMENT (COLLATERAL CHANGE) ~~same way as 2nd~~

SECRETOR GENERAL OF THE ARMY, or any other person, shall be liable to the same punishment as if he had committed the offense.

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment; if this is an Assignment submitted by a Collector, add address of such the authorizing Collector; if this is a Termination submitted by a Debtor, check here ☐ and enter name of CECR authorizing the Amendment.

9a. ORGANIZATION'S NAME

Aliant Bank

OR	SR. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

10. OPTIONAL FILE REFERENCE DATA

Fee-\$25.00

FILED OFFICE COPY - NATIONAL UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (REV. 07/25/98)
FORM SHOULD BE TYPEWRITTEN OR COMPUTER GENERATED