UCC FINANCING STATEMENT AMENDM	ENT				
FOLLOW INSTRUCTIONS	· · · · · · · · · · · · · · · · · · ·	····			
A. NAME & PHONE OF CONTACT AT FILER (optional)					
B. E-MAIL CONTACT AT FILER (optional)					
C. SEND ACKNOWLEDGMENT TO: (Name and Address)					
Larry's Manufactured Homes P.O. Bex 309	3 The	2014080400 Chalby Cot	0240670	1/1 \$.00 of Probate, AL	
P.O. B Qx 309)	08/04/2014	01:03:1	5 PM FILED/CERT	
Pelhan al 35124	i				
1a. INITIAL FINANCING STATEMENT FILE NUMBER		THE ABOVE SPA		NEMENT is to be filed ffor	
1999-2383	8	(or recorded) in the REA	L ESTATE F	-	-
2. TERMINATION: Effectiveness of the Financing Statement identified Statement	d above is terminated	with respect to the security interes	est(s) of Sec	ured Party authorizing this	Termination
3. ASSIGNMENT (full or partial): Provide name of Assignee in item 7. For partial assignment, complete items 7 and 9 and also indicate affe			of Assignor	n item 9	
4. CONTINUATION: Effectiveness of the Financing Statement identification continued for the additional period provided by applicable law		· · · · · · · · · · · · · · · · · · ·	cured Party	authorizing this Continuati	on Statement is
5. PARTY INFORMATION CHANGE:					
Check one of these two boxes: AND Check	eck <u>one</u> of these three l				
This Change affects Debtor or Secured Party of record	CHANGE name and/or item 6a or 6b; <u>and</u> item	address: Complete 7a or 7b <u>and</u> item 7c 7a or 7b	me: Complet , <u>and</u> item 7c	e item DELETE name: to be deleted in	Give record name item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Information 6a. ORGANIZATION'S NAME	Change - provide only	y <u>one</u> name (6a or 6b)		·	·
6b. INDIVIDUAL'S SURNAME Walters	FIRST PERSO		ADDITION	IAL NAME(S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party I	Information Change - provide	····· ,······· ,········· ,······· ,······	name; do not om	it, modify, or abbreviate any part o	of the Debtor's name)
7a. ORGANIZATION'S NAME					
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
8. COLLATERAL CHANGE: Also check one of these four boxes:	ADD collateral	DELETE collateral	RESTATE CO	overed collateral	ASSIGN collateral
Indicate collateral:			NEOTATE O	vereu conaterar [-1001014 Collateral
				•	
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THE If this is an Amendment authorized by a DEBTOR, check here and pro-	HIS AMENDMENT: ovide name of authorize		(name of Ass	ignor, if this is an Assignme	ent)
If this is an Amendment authorized by a DEBTOR, check here and program of the second s	ovide name of authoriz		(name of Ass	ignor, if this is an Assignme	ent)
9a. ORGANIZATION'S NAME Larry S Manu factual Home	ovide name of authoriz	ring Debtor			
If this is an Amendment authorized by a DEBTOR, check here and program of the second s	ovide name of authoriz	ring Debtor		ignor, if this is an Assignme	SUFFIX
If this is an Amendment authorized by a DEBTOR, check here and program of the second o	ovide name of authoriz	ring Debtor			

and the second of the second o

and the second second second