UCC FINANCING STATEMENT AMENDING FOLLOW INSTRUCTIONS	JENT										
A. NAME & PHONE OF CONTACT AT FILER (optional) Cristy Bohannon 678-839-4476											
B E-MAIL CONTACT AT FILER (optional) cbohannon@bankozarks.com C SEND ACKNOWLEDGMENT TO (Name and Address)		20170403000111230 1/1 \$.00 Shelby Cnty Judge of Probate, AL									
								04/03	/2017 01:0	ige of Probate, AL 02:05 PM FILED/CER	- >т
						Bank of the Ozarks	1				1
PO Box 280											
Carrollton GA 30112											
<u></u>		THE ABOVE	SPACE IS FO	R FILING OFFICE USE	ONLY						
1a INITIAL FINANCING STATEMENT FILE NUMBER Instrument #20160929000357410	<u>, , , , , , , , , , , , , , , , , , , </u>	(or recorded) in the f	REAL ESTATE								
TERMINATION: Effectiveness of the Financing Statement identification Statement	ied above is terminated	· · · · · · · · · · · · · · · · · · ·		rm UCC3Ad) <u>and provide Debi</u> cured Party authorizing this							
ASSIGNMENT (full or partial) Provide name of Assignee in item For partial assignment, complete items 7 and 9 and also indicate at			ime of Assigno	r in item 9							
CONTINUATION: Effectiveness of the Financing Statement identification continued for the additional period provided by applicable law.			f Secured Party	authorizing this Continuat	ion Statement is						
5. PARTY INFORMATION CHANGE:		· · · · · · · · · · · · · · · · · · ·									
Check one of these two boxes	heck <u>one</u> of these three		Danma Comoi	ota dom DELETTI same	Corp. consent and a						
		n 7a or 7b <u>and</u> item 7c]7a o	or 7b, <u>and</u> item i	to be deleted in							
6 CURRENT RECORD INFORMATION: Complete for Party Information of the Organization's NAME	on Change - provide onl	y <u>one</u> name (6a or 6b)		<u> </u>							
Adams Homes, LLC, an Alabama limi	ted liability c	ompany									
6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S) SUFFIX								
7 CHANGED OR ADDED INFORMATION: Complete for Assignment or Part 7a ORGANIZATION'S NAME	ty Information Change - provid	e only <u>one</u> name (7a or 7b) (use exact,	full name, do not o	mit, modify, or abbreviate any part i	of the Debtors name)						
OR 76 INDIVIDUAL'S SURNAME											
INDIVIDUAL'S FIRST PERSONAL NAME											
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)		· -			SUFFIX						
<u></u>			STATE	POSTAL CODE	COUNTON						
7c. MAILING ADDRESS	CITY		SIAIL		COUNTRY						
r1	ADD collateral	DELETE collateral		covered collateral							
7c. MAILING ADDRESS B COLLATERAL CHANGE: Also check one of these four boxes Indicate collateral	<u></u>	DELETE collateral		covered collateral							
B COLLATERAL CHANGE: Also check one of these four boxes	<u></u>	DELETE collateral		covered collateral							
B COLLATERAL CHANGE: Also check one of these four boxes	<u></u>	DELETE collateral		covered collateral							
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B COLLATERAL CHANGE: Also check one of these four boxes	<u></u>	DELETE collateral		covered collateral							
B COLLATERAL CHANGE: Also check one of these four boxes	ADD collateral		RESTATE		ASSIGN collatera						
B COLLATERAL CHANGE: Also check one of these four boxes Indicate collateral NAME OF SECURED PARTY OF RECORD AUTHORIZING T If this is an Amendment authorized by a DESTOR, check here and p	ADD collateral	Provide only <u>one</u> name (9a or 9	RESTATE		ASSIGN collatera						
OCLLATERAL CHANGE: Also check one of these four boxes Indicate collateral NAME OF SECURED PARTY OF RECORD AUTHORIZING To this is an Amendment authorized by a DEBTOR, check here and page organization's NAME	ADD collateral	Provide only <u>one</u> name (9a or 9	RESTATE		ASSIGN collatera						
B COLLATERAL CHANGE: Also check one of these four boxes Indicate collateral NAME OF SECURED PARTY OF RECORD AUTHORIZING T If this is an Amendment authorized by a DESTOR, check here and p	ADD collateral	Provide only <u>one</u> name (9a or 9 ting Debtor	RESTATE (ASSIGN collatera						