UCC FINANCING STATEMENT AMENDMENT  FLORDS ALAYTON 678-821-1564  B. PAMIC BYTHOSE OF COVITACT AT FILER (optional)  TERESA LAYTON 678-821-1564  B. PAMIC BYTHOSE OF FLORDS AND A STATEMENT OF THE SATE (optional)  (Layton/@america necommerce bank, com  (Layton/@america necommerce)  (Layton/@america			•				
ANNE E-RHOR OF CONTACT AT FILER (optional) TERESA LAYTON (78-821-1564 [6 E-MAIL CONTACT AT FILER (optional) Italyton@americancommercebank.com  2. SEND ACKNOWLEGGRAPH TO. (Name and Address) ANERCE RHOR COMMERCE BANK NA 400 US HWY 27 BYPASS BREMEN, GA 30110  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  TAR MINISTRUCTION CONTACT AT THE CONTACT AND ADDRESS OF THE FILED OFFICE USE ONLY  TAR MINISTRUCTION CONTACT AND ADDRESS OF THE CONTACT ANAME OF THE CONTACT AND ADDRESS OF THE CONTACT AND ADDRESS OF THE							
ANNE E-RHOR OF CONTACT AT FILER (optional) TERESA LAYTON (78-821-1564 [6 E-MAIL CONTACT AT FILER (optional) Italyton@americancommercebank.com  2. SEND ACKNOWLEGGRAPH TO. (Name and Address) ANERCE RHOR COMMERCE BANK NA 400 US HWY 27 BYPASS BREMEN, GA 30110  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  TAR MINISTRUCTION CONTACT AT THE CONTACT AND ADDRESS OF THE FILED OFFICE USE ONLY  TAR MINISTRUCTION CONTACT AND ADDRESS OF THE CONTACT ANAME OF THE CONTACT AND ADDRESS OF THE CONTACT AND ADDRESS OF THE							
A NAME & SHONE OF CONTACT AT FILER (optional) TERRISA LAYTON 678-221-1564  6 E-MAIL CONTACT AT FILER (optional) Italy non@americanomierrecbank.com CSRND ACKNOWLEDGMENT TO. (when and Address)  AND CONTACT AT FILER (optional) A SIGNAM AND A STATEMENT PLE NAMEE A 90 US HAY 27 BYPASS BREMEN, GA 30110  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 18 INTELL PRINCIPING STATEMENT PLE NAMEE 20160824000305230  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 18 INTELL PRINCIPING STATEMENT PLE NAMEE 20160824000305230  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 20160824000305230  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 20160824000305230  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 20160824000305230  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 20160824000305230  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 20160824000305230  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 20160824000305230  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 20160824000305230  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 20160824000305230  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 20160824000305230  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 20160824000305230  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 20160824000305230  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 20160824000305230  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 20160824000305230  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 20160824000305230  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 20160824000305230  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 20160824000305230  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 20160824000305230  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 20160824000305230  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 20160824000305230  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 20160824000305230  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 20160824000305230  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 20160824000305230  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 20160824000305230  THE ABOVE SPACE IS FOR FILING OFFICE USE	JCC FINANCING STATEMENT AMENDME	ENT					
TERESA LAYTON 678-821-1564 B. EMAL CONTACT AT ELER (potent) (layton@americancommercebank.com)  SENDA GONOWEDGEMENT TO: (Name and Address)  AMERICAN COMMERCE BANK NA 400 US HWY 27 BYPASS BREMEN, GA 30110  THE ABOVE SPACE IS FOR FILLING OFFICE USE ONLY  14 INITIAL FRANCING STATEMENT FILE NUMBER 20160824000305230  15   The STANCING STATEMENT FILE NUMBER 20160824000305230  16   The STANCING STATEMENT FILE NUMBER 20160824000305230  17   THE ABOVE SPACE IS FOR FILLING OFFICE USE ONLY  18 INITIAL FRANCING STATEMENT FILE NUMBER 20160824000305230  18   The STANCING STATEMENT FILE NUMBER 20160824000305230  19   THE STANCING STATEMENT FILE NUMBER 20160824000305230  10   THE ABOVE SPACE IS FOR FILLING OFFICE USE ONLY  THE ABOVE SPACE							
6. E-MAIL CONTACT AT FILE Reposess) Haystonig	·						
AMERICAN COMMERCE BANK NA 480 US HWY 27 BYPASS BREMEN, GA 30110  THE ABOVE SPACE IS FOR FILLIO OFFICE USE ONLY 18. INITIAL FINANCING STATEMENT PLE NUMBER 20160824000305230  THE ABOVE SPACE IS FOR FILLIO OFFICE USE ONLY 18. INITIAL FINANCING STATEMENT PLE NUMBER 20160824000305230  THE ABOVE SPACE IS FOR FILLIO OFFICE USE ONLY 18. INITIAL FINANCING STATEMENT PLE NUMBER 20160824000305230  THE ABOVE SPACE IS FOR FILLIO OFFICE USE ONLY 18. INITIAL FINANCING STATEMENT AMERICANDS IS to be fined fire recorded in the REAL ESTATE RECORDS of the Financing Statement Identified above as terminated with respect to the security interest(s) of Secured Party subnording the Termination Statement  ACCONTINUATION: Effectiveness of the Financing Statement Identified above with respect to the security interest(s) of Secured Party subnording this Constitution in Item 8  ACCONTINUATION: Effectiveness of the Financing Statement Identified above with respect to the security interest(s) of Secured Party subnording this Constitution in Item 8  ACCONTINUATION: Effectiveness of the Financing Statement Identified above with respect to the security interest(s) of Secured Party subnording this Constitution Item 8  CONTINUATION: Effectiveness of the Financing Statement Identified above with respect to the security interest(s) of Secured Party subnording this Constitution Item 8  ADD Check aga of these the boxes.  CHANGE of The add name of Assignment of Party Interestion Constitution Item 8  COURTENT RECORD INFORMATION: Compiles for Party of Interest of the Secure Party and the Constitution Interest of the Secure Party and the Constitution Interest of the Secure Party and the Celebration  TO GRANIZATIONS INVIECTION INVIECTION INTEREST PERSONAL NAME  NOTIFICATION OF SECURE PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only aga name (%s or %s) (name of Assignment)  South Party of The Secure of Assignment of Assignment of The Secure Party and the Celebration Indicate Continuation.  PARTY INFORMATION INTEREST.  B. COLLATERAL CHANGE: Assignment							
AMERICAN COMMERCE BANK NA 480 US HWY 27 BYPASS BREMEN, GA 30110  THE ABOVE SPACE IS FOR FILLIO OFFICE USE ONLY 18. INITIAL FINANCING STATEMENT PLE NUMBER 20160824000305230  THE ABOVE SPACE IS FOR FILLIO OFFICE USE ONLY 18. INITIAL FINANCING STATEMENT PLE NUMBER 20160824000305230  THE ABOVE SPACE IS FOR FILLIO OFFICE USE ONLY 18. INITIAL FINANCING STATEMENT PLE NUMBER 20160824000305230  THE ABOVE SPACE IS FOR FILLIO OFFICE USE ONLY 18. INITIAL FINANCING STATEMENT AMERICANDS IS to be fined fire recorded in the REAL ESTATE RECORDS of the Financing Statement Identified above as terminated with respect to the security interest(s) of Secured Party subnording the Termination Statement  ACCONTINUATION: Effectiveness of the Financing Statement Identified above with respect to the security interest(s) of Secured Party subnording this Constitution in Item 8  ACCONTINUATION: Effectiveness of the Financing Statement Identified above with respect to the security interest(s) of Secured Party subnording this Constitution in Item 8  ACCONTINUATION: Effectiveness of the Financing Statement Identified above with respect to the security interest(s) of Secured Party subnording this Constitution Item 8  CONTINUATION: Effectiveness of the Financing Statement Identified above with respect to the security interest(s) of Secured Party subnording this Constitution Item 8  ADD Check aga of these the boxes.  CHANGE of The add name of Assignment of Party Interestion Constitution Item 8  COURTENT RECORD INFORMATION: Compiles for Party of Interest of the Secure Party and the Constitution Interest of the Secure Party and the Constitution Interest of the Secure Party and the Celebration  TO GRANIZATIONS INVIECTION INVIECTION INTEREST PERSONAL NAME  NOTIFICATION OF SECURE PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only aga name (%s or %s) (name of Assignment)  South Party of The Secure of Assignment of Assignment of The Secure Party and the Celebration Indicate Continuation.  PARTY INFORMATION INTEREST.  B. COLLATERAL CHANGE: Assignment				8140002939	10 1/1 \$ 00 10 nobate	, AL	
## ABO US HWY 27 BYPASS BREMEN, GA 30110    THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY	C. SEND ACKNOWLEDGMENT TO: (Name and Address)		Shelt	oy Chty Jud	9:06 PM FILED	CERT	
BREMEN, GA 30110    THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY   THE ABOVE			08/14	4/201/ 01.5			
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  TO 16082400305230  THE FINANCING STATEMENT FILE NUMBER  20160824000305230  THE FINANCING STATEMENT FILE NUMBER  20160824000305230  THE FINANCING STATEMENT AMENDMENT is to be fined for record) (or recorded in the REAL ESTATE INCORROS Statement Statem							
18. IMITIAL PINANCING STATEMENT FILE NUMBER 2016082400305230  19. TERMINATION in the REAL ESTATE RECORDS File: Bidled Amountment Adendment in the file of record) (or necondary) in the REAL ESTATE RECORDS File: Bidled Amountment Adendment (from IUCCXA) gag growtee Debuter varies with the second in the REAL ESTATE RECORDS File: Bidled Amountment Adendment (from IUCCXA) gag growtee Debuter varies with the second in the REAL ESTATE RECORDS File: Bidled Amountment Adendment (from IUCCXA) gag growtee Debuter varies with the second in the REAL ESTATE RECORDS File: Bidled Amountment of the Real ESTATE Covered Party authorizing this Continuation Statement continuate for the additional profile provided by applicable law  10. ASSIGNMENT (NO CHANGE:  AND Check data of these tone boxes:  Check gag of these two boxes:  Check gag of	BRENIEN, GA SUITU						
18. IMITIAL PINANCING STATEMENT FILE NUMBER 2016082400305230  19. TERMINATION in the REAL ESTATE RECORDS File: Bidled Amountment Adendment in the file of record) (or necondary) in the REAL ESTATE RECORDS File: Bidled Amountment Adendment (from IUCCXA) gag growtee Debuter varies with the second in the REAL ESTATE RECORDS File: Bidled Amountment Adendment (from IUCCXA) gag growtee Debuter varies with the second in the REAL ESTATE RECORDS File: Bidled Amountment Adendment (from IUCCXA) gag growtee Debuter varies with the second in the REAL ESTATE RECORDS File: Bidled Amountment of the Real ESTATE Covered Party authorizing this Continuation Statement continuate for the additional profile provided by applicable law  10. ASSIGNMENT (NO CHANGE:  AND Check data of these tone boxes:  Check gag of these two boxes:  Check gag of							
20160824000305230    Correcteding in the Recordes)   Correcteding in the Correction of the Control of the Contr						<b></b>	
2 M TERMINATION: Effectiveness of the Financing Statement (dentified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement (dentified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement (accordance) and special assignment, complete terms 7 and 9 and also indicate affected collaborate in item 9  4. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement continued for the security interest(s) of Secured Party authorizing this Continuation Statement continued for the security interest(s) of Secured Party authorizing this Continuation Statement continued for the security interest(s) of Secured Party authorizing this Continuation Statement continued for the security interest(s) of Secured Party authorizing this Continuation Statement continued for the security interest (s) of Secured Party authorizing this Continuation Statement continued for the security interest (s) of Secured Party authorizing this Continuation Statement continued for the security interest (s) of Secured Party authorizing this Continuation Statement continued for the security interest (s) of Secured Party authorizing this Continuation Statement continued for the security interest (s) of Secured Party authorizing this Continuation Statement Continuation Statement Continued for the security interest (s) of Secured Party authorizing this Continuation Statement Continued for the Secured Party of Research in terms of Secured Party authorizing Continuation Statement Continuation Statement Continuation Statement Continuation Continuation Statement Continuation			(or recorded) in the	<b>REAL ESTATE</b>	RECORDS		
Subment (till or partial): Provide name of Assignes in item 7s or 7s. app address of Assignes in Item 7c app aname of Assignor in Item 9  for partial assignment, complete items 7 and 9 and also indicate affected collateral in Item 9  for partial assignment, complete items 7 and 9 and also indicate affected collateral in Item 9  for partial assignment, complete items 7 and 9 and also indicate affected collateral in Item 9  for partial assignment, complete items 7 and 9 and also indicate affected collateral in Item 9  for partial assignment, complete items 7 and 9 and also indicate affected collateral in Item 9  for partial assignment, complete items 7 and 9 and also indicate affected collateral in Item 9  for partial assignment (all or partial): Provide only applicable law  AND Check one of the security interest(s) of Secured Party authorizing this Continuation Statement continued for the additional partial partia		above is terminated					
## CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement continues for the additional period provided by applicable lev    ADD Check and of these three boxes to:	<b>Liferit</b>					····	
continued for the additional period provided by applicable law    PARTY INFORMATION CHANGE:   AND Check one of these three boxes to Check one of these two boxes:   AND Check one of these three boxes to Check one of these two boxes:   AND Check one of these three boxes to Complete Item   DELETE name. Give moord of these two boxes:   AND Check one of these three boxes to Complete Item   DELETE name. Give moord of the period of the period of these three boxes to Complete Item   DELETE name. Give moord of the period of	<ol> <li>ASSIGNMENT (full or partial): Provide name of Assignee in item 7a         For partial assignment, complete items 7 and 9 and also indicate affect     </li> </ol>	or 7b, <u>and</u> address ted collateral in iter	of Assignee in item 7c <u>and</u> n n 8	ame of Assigno	r in item 9		
Check aga of these two lowars This Change effects   Debtor at   Secured Party of record   Item 6a of 6b; and feet 7a of 7b and feet 7c   ADD name. Complete item   DeLETE name. Give record   This Change effects   Debtor at   Secured Party of record   Item 6a of 6b; and feet 7a of 7b and feet 7c   ADD name. Complete item   DeLETE name. Give record   Co. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only gag name (6a or 6b)  6a. CORGANIZATION'S NAME  OR   DI. INDIVIDUAL'S SURNAME   FIRST PERSONAL NAME   ADDITIONAL NAME(S)/INITIAL(\$)   SUFFIX  7a. ORGANIZATION'S NAME   INDIVIDUAL'S SURNAME   INDIVIDUAL'S SURNAME   INDIVIDUAL'S SURNAME   INDIVIDUAL'S FIRST PERSONAL NAME   INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(\$)   SUFFIX  7b. INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(\$)   SUFFIX   The COLLATERAL CHANGE: Alag check and of these four boxes:   ADD collateral   DELETE collateral   RESTATE covered collateral   ASSIGN collinicate collateral:   ASSIGN collinicate collateral   ASSIGN collinicate collateral   ASSIGN Collinicate collateral   ASSIGN Collinicate collateral   ASSIGN COMMERCE BANK, N.A.  8b. INDIVIDUAL'S SURNAME   FIRST PERSONAL NAME   ADDITIONAL NAME(S)/INITIAL(\$)   SUFFIX    AMERICAN COMMERCE BANK, N.A.  8b. INDIVIDUAL'S SURNAME   ADDITIONAL NAME(S)/INITIAL(\$)   SUFFIX    AMERICAN COMMERCE BANK, N.A.	4. CONTINUATION: Effectiveness of the Financing Statement identification continued for the additional period provided by applicable law	ed above with respe	ect to the security interest(s)	of Secured Party	authorizing this Co	ntinuation	Statement is
Check aga of these two lowars This Change effects   Debtor at   Secured Party of record   Item 6a of 6b; and feet 7a of 7b and feet 7c   ADD name. Complete item   DeLETE name. Give record   This Change effects   Debtor at   Secured Party of record   Item 6a of 6b; and feet 7a of 7b and feet 7c   ADD name. Complete item   DeLETE name. Give record   Co. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only gag name (6a or 6b)  6a. CORGANIZATION'S NAME  OR   DI. INDIVIDUAL'S SURNAME   FIRST PERSONAL NAME   ADDITIONAL NAME(S)/INITIAL(\$)   SUFFIX  7a. ORGANIZATION'S NAME   INDIVIDUAL'S SURNAME   INDIVIDUAL'S SURNAME   INDIVIDUAL'S SURNAME   INDIVIDUAL'S FIRST PERSONAL NAME   INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(\$)   SUFFIX  7b. INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(\$)   SUFFIX   The COLLATERAL CHANGE: Alag check and of these four boxes:   ADD collateral   DELETE collateral   RESTATE covered collateral   ASSIGN collinicate collateral:   ASSIGN collinicate collateral   ASSIGN collinicate collateral   ASSIGN Collinicate collateral   ASSIGN Collinicate collateral   ASSIGN COMMERCE BANK, N.A.  8b. INDIVIDUAL'S SURNAME   FIRST PERSONAL NAME   ADDITIONAL NAME(S)/INITIAL(\$)   SUFFIX    AMERICAN COMMERCE BANK, N.A.  8b. INDIVIDUAL'S SURNAME   ADDITIONAL NAME(S)/INITIAL(\$)   SUFFIX    AMERICAN COMMERCE BANK, N.A.							
This Change affects Debtor or Debtor or Debtor or Debtor or Secured Party of record Interfed or 6th and from 7 or 75 and from	Check one of these two boxes:	CHANGE name and/o	or address: Complete AD	DD name: Compl	ete itemDELETE	E name: G	ive record nam
Ba. ORGANIZATION'S NAME  De INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(\$)  SUFFIX  To ORGANIZATION'S NAME  OR TO INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(\$)  To MAILING ADDRESS  CITY  STATE  POSTAL CODE  COUNTE  ADD collateral  DELETE collateral  RESTATE covered collateral  ASSIGN collateral  Indicate collateral:  SNAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (Sa or Sb) (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  SS. ORGANIZATION'S NAME  AMERICAN COMMERCE BANK, N.A.  SG. INDIVIDUAL'S SURNAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  SUFFIX  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  SUFFIX  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  SUFFIX  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  SUFFIX  SUFFIX  SUFFIX  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX	11.00 C.11.00			or /b, <u>and</u> item	c to be de	Hetea in ite	ILLI OR OL OD
8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral Indicate collateral:  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)  17. INDIVIDUAL'S SURNAME  INDIVIDUAL'S ADDITIONAL NAME(S) ASSIGNMENTIAL(S)  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)  18. If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor  19. ORGANIZATION'S NAME  19. INDIVIDUAL'S SURNAME  10. INDIVIDUAL SURNAME  10. INDIVIDUAL'S SURNAME  10. INDIVIDUAL'S SURNAME  10. INDIVIDUAL'S SURNAME  10. INDIVIDUAL'S SURNAME  10. INDIVIDUAL SURNAME  10. INDIVIDUAL'S SURNAME  10. INDIVIDUAL'S SURNAME  10. INDIVIDUAL'S SURNAME  10. INDIVIDUAL'S SURNAME  10. INDIVIDUAL SURNAME  10. IND		Criange - provide on	TY OLIG Harris (Od Or OD)	·		<u> </u>	· · · · · · · · · · · · · · · · · · ·
8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral Indicate collateral:  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)  17. INDIVIDUAL'S SURNAME  INDIVIDUAL'S ADDITIONAL NAME(S) ASSIGNMENTIAL(S)  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)  18. If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor  19. ORGANIZATION'S NAME  19. INDIVIDUAL'S SURNAME  10. INDIVIDUAL SURNAME  10. INDIVIDUAL'S SURNAME  10. INDIVIDUAL'S SURNAME  10. INDIVIDUAL'S SURNAME  10. INDIVIDUAL'S SURNAME  10. INDIVIDUAL SURNAME  10. INDIVIDUAL'S SURNAME  10. INDIVIDUAL'S SURNAME  10. INDIVIDUAL'S SURNAME  10. INDIVIDUAL'S SURNAME  10. INDIVIDUAL SURNAME  10. IND							
OR 75. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  7c. MAILING ADDRESS  CITY  STATE  POSTAL CODE  COUNTR  8. COLLATERAL CHANGE: Also check gag of these four boxes: ADD collateral  Indicate collateral:  9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only gag name (9a or 9b) (name of Assignor, if this is an Assignment)  It this is an Amendationit subnotized by a DEBTOR, check here and provide name of authorizing Debtor  9a. ORAMERICAN COMMERCE BANK, N.A.  FIRST PERSONAL NAME  AMERICAN COMMERCE BANK, N.A.	6b. INDIVIDUAL'S SURNAME	FIRST PERS	ONAL NAME	ADDITIO	ONAL NAME(S)/INITI	AL(S)	SUFFIX
OR 75. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  C. MAILING ADDRESS  CITY  STATE  POSTAL CODE  COUNTR  COUNTR  COUNTR  COUNTR  COUNTR  COUNTR  COUNTR  B. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral  Indicate collateral:  PESTATE covered collateral  ASSIGN colla  Indicate collateral:  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  99. ORGANIZATION'S NAME  AMERICAN COMMERCE BANK, N.A.  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX		nformation Change - provi	de only <u>one</u> name (7a or 7b) (use exac	ct, full name; do not o	mit, modify, or abbreviate	any part of t	he Debtor's name)
INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  7c. MAILING ADDRESS  CITY  STATE POSTAL CODE  COUNTR  8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral  Indicate collateral:  RESTATE covered collateral  ASSIGN collateral  RESTATE covered collateral  ASSIGN collateral  Indicate collateral  RESTATE covered collateral  ASSIGN collateral  FIRST PERSONAL NAME  AMERICAN COMMERCE BANK, N.A.  SUFFIX  POSTAL CODE  COUNTR  COUNTR  ASSIGN collateral  RESTATE covered collateral  RESTATE covered collateral  ASSIGN collateral  FIRST PERSONAL NAME  AMERICAN COMMERCE BANK, N.A.  SUFFIX	7a. URGANIZATION'S NAME						
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  7C. MAILING ADDRESS  CITY  STATE POSTAL CODE  COUNTR  8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral DELETE collateral RESTATE covered collateral: ASSIGN collateral Indicate collateral:  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  AMERICAN COMMERCE BANK, N.A.  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S) SUFFIX	OR 7b. INDIVIDUAL'S SURNAME	<u></u>	<u>,</u>		<u> </u>		<u> </u>
7c. MAILING ADDRESS  CITY  STATE POSTAL CODE  COUNTR  8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral  Indicate collateral:  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  AMERICAN COMMERCE BANK, N.A.  9b. INDIVIDUAL'S SURNAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX	INDIVIDUAL'S FIRST PERSONAL NAME		<u>,</u>				· · · · · · · · · · · · · · · · · · ·
7c. MAILING ADDRESS  CITY  STATE POSTAL CODE  COUNTR  8. COLLATERAL CHANGE: Also check ging of these four boxes: ADD collateral DELETE collateral RESTATE covered collateral ASSIGN collateral Indicate collateral:  9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only ging 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  AMERICAN COMMERCE BANK, N.A.  9b. INDIVIDUAL'S SURNAME  ADDITIONAL NAME(S)/INITIAL(S) SUFFIX	(AUDIN ADDITIONIAL ALASACIONAMITIALIONI				·····	<del></del>	SUFFIX
8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral DELETE collateral RESTATE covered collateral ASSIGN collateral Indicate collateral:  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  AMERICAN COMMERCE BANK, N.A.  OR DESTATE covered collateral RESTATE covered collateral RESTATE covered collateral ASSIGN collateral RESTATE covered collateral RESTATE covered collateral ASSIGN collateral RESTATE covered collateral RESTAT	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)						
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  98. ORGANIZATION'S NAME  AMERICAN COMMERCE BANK, N.A.  99. INDIVIDUAL'S SURNAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX	7c. MAILING ADDRESS	CITY		STATE	POSTAL CODE		COUNTRY
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  AMERICAN COMMERCE BANK, N.A.  9b. INDIVIDUAL'S SURNAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX							
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  AMERICAN COMMERCE BANK, N.A.  OR  9b. INDIVIDUAL'S SURNAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX	8. COLLATERAL CHANGE: Also check one of these four boxes:	ADD collateral	DELETE collateral	RESTATE	covered collateral	AS	SSIGN collater
If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor  9a. ORGANIZATION'S NAME  AMERICAN COMMERCE BANK, N.A.  9b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S) SUFFIX	Indicate collateral:						
If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor  9a. ORGANIZATION'S NAME  AMERICAN COMMERCE BANK, N.A.  9b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S) SUFFIX							
If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor  9a. ORGANIZATION'S NAME  AMERICAN COMMERCE BANK, N.A.  9b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S) SUFFIX							
If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor  9a. ORGANIZATION'S NAME  AMERICAN COMMERCE BANK, N.A.  9b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S) SUFFIX							
If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor  9a. ORGANIZATION'S NAME  AMERICAN COMMERCE BANK, N.A.  9b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S) SUFFIX							
If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor  9a. ORGANIZATION'S NAME  AMERICAN COMMERCE BANK, N.A.  9b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S) SUFFIX							
98. ORGANIZATION'S NAME  AMERICAN COMMERCE BANK, N.A.  9b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX				r 9b) (name of A	ssignor, if this is an A	\ssignmen	t)
9b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					<u>.</u>
9b. INDIVIDUAL'S SURNAME		<b>1.</b>					······································
			ONAL NAME	ADDITIO	ONAL NAME(S)/INIT	IAL(S)	SUFFIX
	[						