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## UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS A. NAME & PHONE OF CONTACT AT FILER (optional) CSC 1-800-858-5294 B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscglobal.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) 2401 48639 CSC 801 Adlai Stevenson Drive Springfield, IL 62703 Filed In: Alabama (Shelby) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] 1a. INITIAL FINANCING STATEMENT FILE NUMBER (or recorded) in the REAL ESTATE RECORDS 20080201000043010 02/01/2008 Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13 TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement 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. ONTINUATION: 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 PARTY INFORMATION CHANGE: AND Check one of these three boxes to: Check one of these two boxes: CHANGE name and/or address: Complete ADD name: Complete item DELETE name: Give record name This Change affects Debtor or Secured Party of record 7a or 7b, <u>and</u> item 7c item 6a or 6b; and item 7a or 7b and item 7c 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 NAMETRIPLE S FARM LLC 6b. INDIVIDUAL'S SURNAME SUFFIX FIRST PERSONAL NAME ADDITIONAL NAME(\$)/INITIAL(\$) 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 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(\$)/INITIAL(\$) SUFFIX 7c. MAILING ADDRESS POSTAL CODE COUNTRY CITY STATE USA COLLATERAL CHANGE: Also check one of these four boxes: **DELETE** collateral RESTATE covered collateral **ASSIGN** collateral ADD collateral Indicate collateral: Release all of the contents and personal property of the buildings Do not release accounts receivable 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 Synovus Bank A/K/A First Commercial a div Synovus Bank 9b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 10. OPTIONAL FILER REFERENCE DATA: Debtor: TRIPLE S FARM LLC 2401 48639

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1011111 FINANCING STATEM 0080201000043010 0	ENT FILE NUMBER: Same as item 1a on 2/01/2008	Amendment form		
NAME OF PARTY AUTHORIZE	NG THIS AMENDMENT: Same as item 9	on Amendment form		
12a. ORGANIZATION'S NAME  Synovus Bank A/K/A	First Commercial a div Syno	vus Bank		
12b. INDIVIDUAL'S SURNAME				
FIRST PERSONAL NAME				
ADDITIONAL NAME(S)/INIT	AL(S)	SUFFIX	ABOVE SPACE IS FOR FILING OFFICE	USE ONLY
	financing statement (Name of a current De e exact, full name; do not omit, modify, or abb		es only in some filing offices - see Instruction item  Instructions if name does not fit	13): Provide on
	RIPLE S FARM LLC			
13b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
13b. INDIVIDUAL'S SURNAME	Filed and Recorded Official Public Records	s by County Alabama, County	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

18. MISCELLANEOUS: