20230404000093210 04/04/2023 09:57:35 AM

UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS		UCCCONT 1/1				
A. NAME & PHONE OF CONTACT AT FILER (optional) Lisa Carpenter 256-280-9191						
B. E-MAIL CONTACT AT FILER (optional)						
lcarpenter@myprogressbank.com						
C. SEND ACKNOWLEDGMENT TO: (Name and Address)						
						
Progress Bank						
P O Box 1905						
Decatur, AL 35601						
1						
		THE ABOVE SPACE				
1a. INITIAL FINANCING STATEMENT FILE NUMBER Inst #2018807000280440 Pg 1/6	1b.	This FINANCING STATEM (or recorded) in the REAL Filer: <u>attach</u> Amendment Add	ESTATE	RECORDS	-	-
2. TERMINATION: Effectiveness of the Financing Statement identified above Statement	e is terminated with re		-	•		
3. ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b. For partial assignment, complete items 7 and 9 and also indicate affected co		nee in item 7c <u>and</u> name of	Assignor	in item 9		
4. CONTINUATION: Effectiveness of the Financing Statement identified about		security interest(s) of Secu	red Party	authorizing this Con	tinuation	Statement is
continued for the additional period provided by applicable law 5. PARTY INFORMATION CHANGE:						
AND Check one	of these three boxes to) <u>:</u>				
Check one of these two poxes.	GE name and/or address a or 6b; <u>and</u> item 7a or 7		e: Comple	te itemDELETE		ive record name
			and item 7	c Lobe dele	etea in ite	m 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Information Changes 6a. ORGANIZATION'S NAME	ge - provide only <u>one</u> na	me (ba or bb)				
AL Hoover Hwy 119 LLC						
	EIDET DEDEONAL NA	. NAC	ADDITIO	NIAL NIAME/Q\/INIITIA	1 (6)	SUFFIX
OD. INDIVIDUAL S SURNAIVIE	FIRST PERSONAL NA	VIVIE	ADDITIO	NAL NAME(\$)/INITIA	L(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information	on Change - provide only <u>one</u>	name (7a or 7b) (use exact, full nar	ne; do not o	nit, modify, or abbreviate a	ny part of t	he Debtor's name)
7a. ORGANIZATION'S NAME						
OR 7b. INDIVIDUAL'S SURNAME						
7 D. INDIVIDUAL O CONTACTOR						
INDIVIDUAL'S EIDST DEDSONAL NAME						
INDIVIDUAL'S FIRST PERSONAL NAME						
						1
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)						SUFFIX
				_		
7c. MAILING ADDRESS	CITY		STATE	POSTAL CODE		COUNTRY
550 South Main Street, Suite 300	Greenville		SC	29601		USA
Indicate collateral:		Filed and Recorded Official Public Record Judge of Probate, She Clerk Shelby County, AL 04/04/2023 09:57:35 A \$39.00 JOANN	ls lby Cou		unty	SSIGN collateral
	- 	20230404000093210			- We	- 5. Beyol
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AM	/ENDMENT: Provide	only one name (9a or 9h) (n	ame of Ae			•
	ame of authorizing Deb	• • • • • • • • • • • • • • • • • • • •	anic or As	oignor, ir tilio io ari Ao	3igiiiioii	•7
9a. ORGANIZATION'S NAME						
Progress Bank and Trust						
9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NA	ME	ADDITIO	NAL NAME(S)/INITIA	L(S)	SUFFIX
				•	- •	
10. OPTIONAL FILER REFERENCE DATA:						
9001037300						