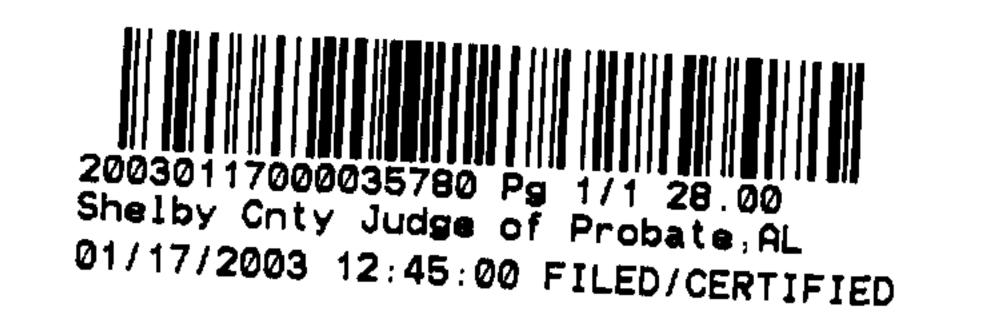
		-	



OLLOW INSTRUCTIONS (front and back) CAREFULLY						
A. NAME & PHONE OF CONTACT AT FILER [optional]						
800-588-5450  B. SEND ACKNOWLEDGMENT TO: (Name and Address)						
John L. Warner, Jr.						
Warner Law Firm PLC						
308 West Church Street						
Union City, Tennessee 38	261					
	THE ABO	OVE SPACE IS FO	OR FILING OFFICE U	ISE ONLY		
1994-13686 in Shelby Cty		1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the				
		RE	AL ESTATE RECORDS	•		
TERMINATION: Effectiveness of the Financing Statement identified			·			
CONTINUATION: Effectiveness of the Financing Statement identition continued for the additional period provided by applicable law.	ned above with respect to security interest(s) of the	Secured Party auth	orizing this Continuation	Statement is		
ASSIGNMENT (full or partial): Give name of assignee in item 7a or	7b and address of assignee in item 7c; and also give	name of accioner in	itom O			
AMENDMENT (PARTY INFORMATION): This Amendment affects						
Also check one of the following three boxes and provide appropriate informations	·	only <u>one</u> of these	two boxes.			
CHANGE name and/or address: Give current record name in item 6a or name (if name change) in item 7a or 7b and/or new address (if address	6b; also give new DELETE name: Give red	cord name A	DD_name: Complete iten	n 7a or 7b, and also		
CURRENT RECORD INFORMATION:	change) in item 7c to be deleted in item 6a	or 66. Lite	m 7c; also complete iten	ns 7d-7g (if applicab		
6a. ORGANIZATION'S NAME	·					
R CL INDA (CLIANIC)						
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	MIDDLE NAME			
CHANGED (NEW) OR ADDED INFORMATION:						
7a. ORGANIZATION'S NAME  American Holdina - Torres	<b>.</b>					
American Holdings Investme	nts, Inc. FIRST NAME	TAUDDI E	MIDDLE NAME			
	ELITOT MAINE	MIDDLE NAME		SUFFIX		
MAILING ADDRESS	CITY	CTATC	STATE IDOCTAL CODE			
	Union City	STATE	POSTAL CODE	COUNTRY		
401 Perkins Street TAXID#: SSN OR EIN   ADD'LINFO RE   7e. TYPE OF ORGANIZATION		TN	38261 ANIZATIONAL ID #, if ar	<u>USA</u>		
ORGANIZATION DEBTOR		rg. OKG	ANIZATIONAL ID #, II ar	,y 		
AMENDMENT (COLLATERAL CHANGE): check only one box.			······································	NO		
Describe collateral deleted or added, or give entire restated	collateral description, or describe colleteral Tax	ninaad				
restated to give entire restated to	collateral description, or describe collateral X Xas	ssigned.				
Podman M/II 2064 " 040-						
Redman M/H 28x64 # 9427 A & B						
A & D						
NAME OF SECURED PARTY OF RECORD AUTHORIZING THE	S AMENDMENT (name of assignor, if this is an A	ssignment). If this is	an Amendment authorize	ed by a Debtor which		
adds collateral or adds the authorizing Debtor, or if this is a Termination auth	orized by a Debtor, check here and enter name	of DEBTOR author	izing this Amendment.	,		
9a. ORGANIZATION'S NAME		···	<del></del>	······································		
Citizens Credit Services,		Corpora	ation			
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	MAME	SUFFIX		

10. OPTIONAL FILER REFERENCE DATA