



UCC FIN	IANCING	STATEME	ENTAMENDMEN	Ţ				
	STRUCTIONS (f							
	PHONE OF CON	VTACT AT FILE	R [optional]					
Ann M								
B. SEND AC	CKNOWLEDGME	ENT TO: (Name	e and Address)					
	Compass Bar 4985 Valleyo Birmingham	dale Rd, Sui						
					THE AROVE SPA	ACE IS FOR FILING	OFFICE USE (SNIV
1a. INITIAL FII	NANCING STATE	MENT FILE#			INCADOVEST	1b. This FINANCI		ويومين والمستناف فالمسيديين والمستناف المستناف
	20500078852					to be filed [for REAL ESTAT	record) (or recorde	ed) in the
2. TERM	IINATION: Effect	iveness of the Fin	ancing Statement identified above is	terminated with respect to	security interest(s) of the		موكرات بيرم و مورد والأكان بيرو و و و و و	Statement.
continu	ed for the addition	al period provide	Financing Statement identified above d by applicable law.	to with roopast to accumy t	increation or the december	in bity datitionizing time		
4. ASSIC	SNMENT (full or p	partial): Give nam	ne of assignee in item 7a or 7b and a	ddress of assignee in item	7c; and also give name of	assignor in item 9.		
	، والالإلىديد ويورواليد و ووروايد و الا			tor or Secured Party			 	
	•	·	provide appropriate information in ite	1	O, 1000tt C, 01100tt C, 100			
CHANG	GE name and/or ad	dress: Give curre	nt record name in item 6a or 6b; also	give new DELETE	name: Give record name	e ADD name:	Complete item 7a o complete items 7d	or 7b, and also
	r name change) in T RECORD INFO		/or new address (if address change)	in item 7c. Lato be de	leted in item 6a or 6b.	L i item 7c; also	complete items 70	-/g (ii applicable).
	ANIZATION'S NAM							
Inve	estment Asso	ciates. LLC	•					
OR 6b. INDIV	VIDUAL'S LAST NA	AME		FIRST NAME		MIDDLE NAME	<u> </u>	SUFFIX
7. CHANGE	D (NEW) OR ADD	ED INFORMAT	ION:	aci, pur de la composition del				
	ANIZATION'S NAM							,,,
OR 7b. INDIN	VIDUAL'S LAST NA	AME		FIRST NAME		MIDDLE NAME	 	SUFFIX
7c. MAILING	ADDRESS		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	CITY		STATE POSTAL	CODE	COUNTRY
7d. TAX ID #:		ADD'L INFO RE ORGANIZATION DEBTOR	7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF O	RGANIZATION	7g. ORGANIZATIO	NAL ID #, if any	NONE
8. AMENDN	MENT (COLLATI	ERAL CHANGE	E): check only <u>one</u> box.	! CHICANICA TO THE TOTAL CONTROL AND				
	•	=	or give entire restated collatera	al description, or describe	collateral assigned.			
		5f						
PARTIA	L							
Lot 3, ac	cording to th	ne Survey of	Final Plat of The Mixed	Use Subdivision	Inverness Highlan	nds, as recorded	d in Map Boo	k 34, Page
45 A & E	3, in the Prol	bate Office	of Shelby County, Alaba	ma.				
~		ΛΩΤ\/						
			ORD AUTHORIZING THIS AME or if this is a Termination authorized to the control of				·	a Debtor which
,	ANIZATION'S NAM			-, a booter, check liefe	Line Citter Hairie UI DLD	· · · · · · · · · · · · · · · · ·	- MINORIUM III.	
1	npass Bank	- · 						
	VIDUAL'S LAST NA	<u></u>		FIRST NAME		MIDDLE NAME		SUFFIX
JOD. HADIA	June d Lagi IVA	7771		I II TO I I TATALE				
				_		_		
40 OPTIONAL	FILER REFEREN				TOO: ***********************************		<u> </u>	