

					06/10/20	08 09:16:51HM F	ILED/CER I
JCC FINANCING	STATEM	ENTAMENDMEN	T				
OLLOW INSTRUCTIONS							
A. NAME & PHONE OF CO Cathy Padgett: 297-		ER [optional]					
B. SEND ACKNOWLEDGE		e and Address)					
	VILITI TO. (ITAII)	ic and Address;					
Compass Ban	k						
4958 Valleyda	,	ite 101					
Birmingham,	AL 35242						
.				THE ABOVE SI	PACE IS FO	R FILING OFFICE U	SE ONLY
a. INITIAL FINANCING STAT						s FINANCING STATEME be filed (for record) (or re-	
200611140005566	50					AL ESTATE RECORDS.	corded) in the
. TERMINATION: Effe	cliveness of the Fi	nancing Statement identified above is	s terminated with re	spect to security interest(s) of the	e Secured Pa	rty authorizing this Termin	nation Statement.
. CONTINUATION: E continued for the addition		Financing Statement identified about the applicable law	ve with respect to	security interest(s) of the Secure	ed Party auth	orizing this Continuation	Statement is
							
		ne of assignee in item 7a or 7b and a					
): This Amendment affects Del d provide appropriate information in i	المسا	red Party of record. Check only	one of these	two boxes.	
CHANGE name and/or a	ddress: Give curre	ent record name in item 6a or 6b; also	give new	DELETE name: Give record na		D name: Complete item	•
name (if name change) CURRENT RECORD INF		d/or new address (if address change)) in item 7c.	to be deleted in item 6a or 6b.	ite	m 7c; also complete item	s 7d-7g (if applicable)
6a. ORGANIZATION'S NA	···		······································	······			<u> </u>
	ction Co., In	c. and Holland Lakes, In	iC.				
66. INDIVIDUAL'S LAST NAME			FIRST NAME		MIDDLE	NAME	SUFFIX
							:
. CHANGED (NEW) OR AD		ION:					
7a. ORGANIZATION'S NA	AME						
76. INDIVIDUAL'S LAST NAME			TEIDOT NAME		MIDDLE	MIDDLE NAME SUFFIX	
			FIRST NAME		THIS DEL TANIE		SUPPIX
c. MAILING ADDRESS			CITY	·	STATE	POSTAL CODE	COUNTRY
C. MAILING ADDRESS					SIAIE	POSTAL CODE	000.
7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATIO			7f. JURISDICTION OF ORGANIZATION		7a. ORG	ANIZATIONAL ID #, if an	
ORGANIZATION							
. AMENDMENT (COLLA	DEBTOR	E)' sheek eely eee bey					NONE
'		or give entire restated collaters	al description, or	tescribe collateral Tassioned	I .		
Doctoring Compression (F)					•		
	•	ng to the Final Plat Holls	and Lakes, S	ector 3, as recorded in	Map Bo	ok 37, Page 85, in	n the Office o
the Judge of Probate	of Shelby C	ounty, Alabama.					
						•	
<u>,</u>						<u> </u>	
		ORD AUTHORIZING THIS AMI or if this is a Termination authorized	•		-		ed by a Debtor which
9a. ORGANIZATION'S NA	-	OF ILLUS IS A FERTURALION AUTHORZED	uy a Danior, Crieci	and enter name of DE	.DION aumo	many una Amendinent.	
Compass Bank	*1 * # L						
96. INDIVIDUAL'S LAST I	NAME		FIRST NAME		MIDDLE	NAME	SUFFIX
1-2							1

10. OPTIONAL FILER REFERENCE DATA