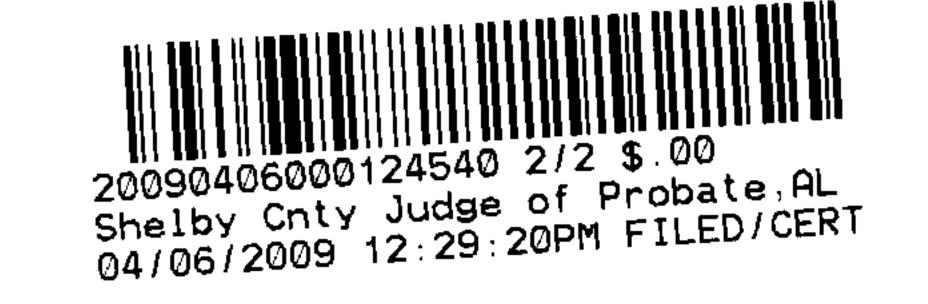


## UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional]

	1EIER -800-648-8026				
<u> </u>	MENT TO: (Name and Address)				
	TIED FINANCIAL SERVICES, LI PKWY, SUITE 400 NE 68154				
1					
		THE ABOVE	SPACE IS FOR FILING OFFIC	CE USE ONLY	
INITIAL FINANCING STATEMENT FILE # 0061012000505390 FILED 10/12/2006 SHELBY COUNTY, AL				1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.	
TERMINATION: Ef	fectiveness of the Financing Statement identified abov	e is terminated with respect to security interest(s) of			
	Effectiveness of the Financing Statement identified a tional period provided by applicable law.	bove with respect to security interest(s) of the Sec	ured Party authorizing this Continu	ation Statement is	
ASSIGNMENT (full	or partial): Give name of assignee in item 7a or 7b ar	nd address of assignee in item 7c; and also give nam	ne of assignor in item 9.		
	Y INFORMATION): This Amendment affects		ly <u>one</u> of these two boxes.		
☐ CHANGE name and/or a	wing three boxes <u>and</u> provide appropriate information address: Please refer to the detailed instructions	DELETE name: Give record name	ADD name: Complete item	n 7a or 7b, and also item 7c;	
in regards to changing the URRENT RECORD IN	he name/address of a party.	to be deleted in item 6a or 6b.	also complete items 7e-7g	(ifapplicable).	
6a. ORGANIZATION'S N		<u> </u>		· · · · · · · · · · · · · · · ·	
6b. INDIVIDUAL'S LAST	NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
HANGED (NEW) OR A	DDED INFORMATION:	· · · · · · · · · · · · · · · · · · ·			
7a. ORGANIZATION'S N	NAME				
7b. INDIVIDUAL'S LAST	NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
MAILING ADDRESS		CITY	STATE POSTAL CODE	COUNTRY	
SEEINSTRUCTIONS	ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #		
MENDMENT (COLL)	ATERAL CHANGE): check only one box.			NON	
escribe collateral de	eleted or added, or give entire restated colla	teral description, or describe collateral assign	ned.		
	PARTY OF RECORD AUTHORIZING THIS A	MENDMENT (name of assignor, if this is an Assig			
			JED I OK authorizing this Amendm	nent.	
dds collateral or adds the	authorizing Debtor, or if this is a Termination authoriz		DED I OR authorizing this Amendm	nent.	
dds collateral or adds the 9a. ORGANIZATION'S N	authorizing Debtor, or if this is a Termination authoriz		DED I OR authorizing this Amendm	nent.	
dds collateral or adds the 9a. ORGANIZATION'S N	authorizing Debtor, or if this is a Termination authorized IAME  FINANCIAL SERVICES, LLC		MIDDLE NAME	SUFFIX	



UC	C FINANCING STATE	MENT AMENDME	NTADDENDUM			
FOL	LOW INSTRUCTIONS (front and bad	ck) CAREFULLY				
11.	INITIAL FINANCING STATEMENT F	ILE # (same as item 1a on Amen	dment form)			
20	061012000505390 FILED 1	0/12/2006 SHELBY C	OUNTY, AL			
12.	NAME OF PARTY AUTHORIZING	THIS AMENDMENT (same as it	em 9 on Amendment form)			
	12a. ORGANIZATION'S NAME					
DIVERSIFIED FINANCIAL SERVICES, LLC						
OR	12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX			
13.	Use this space for additional informa	ition	<u></u>			

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

DEBTOR(S):J & P FARMING, LLC

RECORD OWNER(S): CLOVERLEAF CREAMERY COMPANY

LEGAL DESC.: SEC 22 T20S R2E SHELBY COUNTY, AL