	20090522000194340 1/1 \$.00
UCC FINANCING STATEMENT AMENDMENT	Shelby Cnty Judge of Probate, AL 05/22/2009 11:03:27 AM FILED/CEPT

OLLOW INSTRUCTION	UCC FINANCING STATEMENT AMENDMENT			05/22/2009 11:03:27 AM FILED/CERT		
A NAME & PHONE OF	IS (front and back) CAREFULLY CONTACT AT FILER [optional]	· · · ·				
A. NAME OF C	ONTACT AT FILER [optional]					
B. SEND ACKNOWLEDG	GMENT TO: (Name and Address)					
<del></del>						
Gree	enpoint Credit Corporation	n				
	30X 385000					
Birn	ingham, AL 35238					
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		THE A	BOVE SPACE IS FO	R FILING OFFICE USE	ONLY	
a. INITIAL FINANCING STA	TEMENT FILE #			FINANCING STATEMENT		
1999-29788. Date: 7/16/1999			to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.			
TERMINATION: Ef	fectiveness of the Financing Statement identified above	e is terminated with respect to security intere			on Statement.	
	Effectiveness of the Financing Statement identified at			· · · · · · · · · · · · · · · · · ·		
	tional period provided by applicable law.		are decire			
. ASSIGNMENT (full	or partial): Give name of assignee in item 7a or 7b and	d address of assignee in item 7c: and also d	ive name of assignor in i	tem 9.		
	/ INFORMATION): This Amendment affects			·		
	wing three boxes <u>and</u> provide appropriate information in		<u></u>			
CHANGE name and/or	address: Please refer to the detailed instructions	DELETE name: Give record name	☐ ADD <u>r</u>	ame: Complete item 7a or	7b, and also	
CURRENT RECORD IN	the name/address of a party. FORMATION:	to be deleted in item 6a or 6b.	item /	c: also complete items 7e-7	g (if applicable	
6a. ORGANIZATION'S N	· · · · · · · · · · · · · · · · · · ·	<del></del>	<del></del>	· · · · · · · · · · · · · · · · · · ·	•	
66. INDIVIDUAL'S LAST	NAME	FIRST NAME	MIDDLE	NAME	SUFFIX	
Minter		Georgia	L.			
CHANGED (NEW) OR AI	DDED INFORMATION:			<del></del>		
7a. ORGANIZATION'S N	<del></del>	<del></del>	······································		<del></del>	
	-					
7b. INDIVIDUAL'S LAST	NAME	FIRST NAME	MIDDLE	NAME	SUFFIX	
AAAII INIO ADDDEGG		CITY	STATE	POSTAL CODE	COUNTRY	
. MAILING ADDRESS						
. MAILING ADDRESS						
	ADD'L INFO RE   7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	N 7g. ORGA	NIZATIONAL ID #, if any		
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SEE INSTRUCTIONS	ORGANIZATION DEBTOR	7f. JURISDICTION OF ORGANIZATION	N 7g. ORGA	NIZATIONAL ID #, if any	N(	
SEE INSTRUCTIONS  AMENDMENT (COLLA	ORGANIZATION DEBTOR  TERAL CHANGE): check only one box.			NIZATIONAL ID #, if any	N	
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SEE INSTRUCTIONS  AMENDMENT (COLLA Describe collateral dele	ORGANIZATION DEBTOR  TERAL CHANGE): check only one box.  eted or added, or give entire restated collate	eral description, or describe collateral	assigned			
SEE INSTRUCTIONS  AMENDMENT (COLLA Describe collateral dele	ORGANIZATION DEBTOR  TERAL CHANGE): check only one box.	eral description, or describe collateral  ENDMENT (name of assignor, if this is an	assigned.  Assignment). If this is a	n Amendment authorized by		
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