



			<del></del>					
FOLLOW INSTRUCTIONS		NT AMENDMEN PAREFULLY						
A. NAME & PHONE OF C	ONTACT AT FILER	[optional]						
CSC Diligenz, Inc								
B. SEND ACKNOWLEDG	IVICIVI IO: (IVame	and Address)						
42573826								
CSC Diligenz, Inc.								
	•	wy, Suite 400						
Mukilteo, W	A 90275							
<u> </u>		Filed In: Alabam	a Shelby	THE ABOVE SP	ACE IS FO	R FILING OFFICE US	SE ONLY	
1a. INITIAL FINANCING STAT					s FINANCING STATEMEN e filed [for record] (or rec			
				RE/	AL ESTATE RECORDS.			
		ncing Statement identified above is		- · · · - · · - · · · · · · · · · · · ·				
continued for the addit		nancing Statement identified abor by applicable law.	ve with respect to sec	urity interest(s) of the Secure	a Marty autho	orizing this Continuation a	Statement is	
4. ASSIGNMENT (full	or partial): Give name	of assignee in item 7a or 7b and a	address of assignee in	item 7c; and also give name o	f assignor in	item 9.		
5. AMENDMENT (PART)	(INFORMATION):	This Amendment affects De	btor <u>or</u> Secured	Party of record. Check only o	one of these	two boxes.		
Also check <u>one</u> of the follow	wing three boxes <u>and</u> p	provide appropriate information in it						
	CHANGE name and/or address: Please refer to the detailed instructions in regards to changing the name/address of a party.			DELETE name: Give record name to be deleted in item 6a or 6b.		ADD name: Complete item 7a or 7b, and also item 7c; also complete items 7e-7g (if applicable).		
6. CURRENT RECORD IN								
6a. ORGANIZATION'S N	_							
Flagstone Builders, LLC 6b. INDIVIDUAL'S LAST NAME			TFIRST NAME		IMIDDLE NAME		SUFFIX	
7b. INDIVIDUAL'S LAST NAME			FIRST NAME		MIDDLE NAME		SUFFIX	
. MAILING ADDRESS			CITY		STATE	POSTAL CODE	COUNTRY	
7d. SEE INSTRUCTIONS	ADD'L INFO RE 7 ORGANIZATION DEBTOR	re, TYPE OF ORGANIZATION	7f. JURISDICTION	OF ORGANIZATION	7g. ORG	ANIZATIONAL ID#, if an	y Non	
8. AMENDMENT (COLLA	TERAL CHANGE)	: check only <u>one</u> box.	<b>.</b>					
	<u></u>	or give entire restated collater at Westover according to I		<del></del>		Probate Office of Sh	nelby County, Al	
•								
		RD AUTHORIZING THIS AM if this is a Termination authorized					ed by a Debtor which	
9a. ORGANIZATION'S N			·	<u> </u>	<del> ,</del>		<u> </u>	
ServisFirst Ba	nk	•						
9b. INDIVIDUAL'S LAST	NAME		FIRST NAME		MIDDLE	NAME	SUFFIX	
O ODTIONAL DI ED DECED	ENICE DATA	· .						
10.0PTIONAL FILER REFER 7284	ENCE DATA						425738	