

	G STATEMENT AMENDME	NT		
	NS (front and back) CAREFULLY CONTACT AT FILER [optional]			
	. 1-800-858-5294			
	GMENT TO: (Name and Address)			
44293231				
	n- lna			
CSC Dilige				
1	our Heights Pkwy, Suite 400			
Mukilteo, V	VA 98275			
	Filed In: Alaba	ma Shelby		
<u>L</u>		THE ABOVE	SPACE IS FOR FILING OFFICE U	JSE ONLY
1a. INITIAL FINANCING STA 200709200004414			1b. This FINANCING STATEM to be filed [for record] (or record)	ecorded) in the
2. TERMINATION: E	ffectiveness of the Financing Statement identified above	e is terminated with respect to security interest(s) of	the Secured Party authorizing this Term	
	Effectiveness of the Financing Statement identified a			
continued for the add	itional period provided by applicable law.			otatement is
	or partial): Give name of assignee in item 7a or 7b and			
		Debtor <u>or</u> Secured Party of record. Check on	ly <u>one</u> of these two boxes.	
	owing three boxes <u>and</u> provide appropriate information in raddress: Please refer to the detailed instructions	n items 6 and/or 7.  DELETE name: Give record name	ADD name: Complete item 7a	or7h andalsoitem7s:
in regards to changing	the name/address of a party.	to be deleted in item 6a or 6b.	also complete items 7e-7g (if an	oplicable).
6. CURRENT RECORD IN 6a. ORGANIZATION'S				<del></del> -
Donovan Buil				
OR 6b. INDIVIDUAL'S LAS	•	FIRST NAME	MIDDLE NAME	SUFFIX
			INIDOLL INDIC	SUFFIX
7 CHANCED (NEW) OD				
7. CHANGED (NEW) OR A				
OR 7b. INDIVIDUAL'S LAS	TNAME	FIRST NAME	MIDDLE NAME	SUFFIX
7c. MAILING ADDRESS		CITY	STATE POSTAL CODE	COUNTRY
7d. SEEINSTRUCTIONS	ADD'L INFO RE 7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID#, if a	anv
	ORGANIZATION '	, , , o o , i o ,	g. Ortoritizational in a	····y
9 ANAENIDNAENIT (COLL	ATERAL CHANCE)		· · · · · · · · · · · · · · · · · · ·	NONE
	ATERAL CHANGE): check only <u>one</u> box.			
<del></del>	eleted or added, or give entire restated collat			
	225, according to the final plat of Willow C	Daks, recorded in Map Book 38, Page 1	37-A and 137-B, recorded July	y 18, 2007, in the
Office of the Juage of	Probate of Shelby County, Alabama.			
9. NAME OF SECURED adds collateral or adds the	PARTY OF RECORD AUTHORIZING THIS ALL authorizing Debtor, or if this is a Termination authorized	MENDMENT (name of assignor, if this is an Assigned by a Debtor, check here and enter name of D	nment). If this is an Amendment authorized DEBTOR authorizing this Amendment.	zed by a Debtor which
9a. ORGANIZATION'S N				<del></del>
ServisFirst Ba	ınk			
OR 9b. INDIVIDUAL'S LAST	ΓNAME	FIRST NAME	MIDDLE NAME	SUFFIX
10,0PTIONAL FILER REFER	ENCE DATA		<u></u>	
Debtor: Donova	an Builders, LLC - 7078			44293231