	GSTATEMENTAMENDME	INT				
	S (front and back) CAREFULLY CONTACT AT FILER [optional]					
John L. Hartman, I						
7.5.55 · 7.55 · · · · · · · · · · · · · · · · · ·	MENT TO: (Name and Address)			!!!!!!!!!!!!!		
						
John L. Harti			2011022300	00061620		
Hartman & S P. O. Box 84	· •		21.0101 Of [ry Judae	Of Dookst	
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. INITIAL FINANCING STAT	FEMENT EN E#		THE ABOVE		OR FILING OFFICE U	
	130, 20061024000523440, 2006102	4000523510		1	is FINANCING STATEME be filed [for record] (or re	
					EAL ECTATE DECORDO	•
CONTINUATION: F	ectiveness of the Financing Statement identified above	baye with respect to s	ecurity interest(s) of	the Secured P	arty authorizing this Termi	nation Statement.
continued for the addit	Effectiveness of the Financing Statement identified a ional period provided by applicable law.	above with respect to security in	iterest(s) of the Seci	ured Party aut	horizing this Continuation	Statement is
ASSIGNMENT (full of	or partial): Give name of assignee in item 7a or 7b ar	nd address of assignee in item 7	c: and also give nam	e of assignor i	n item Q	,
AMENDMENT (PARTY			of record. Check onl	ننه و بروسند المسالم		
	ving three boxes and provide appropriate information		or record. Oneck on	ry <u>Orie</u> Or mese	two boxes.	
CHANGE name and/or name (if name change)	address: Give current record name in item 6a or 6b; a in item 7a or 7b and/or new address (if address chan		name: Give record neted in item 6a or 6b.		DD name: Complete item	7a or 7b, and als
CURRENT RECORD INF	ORMATION:	asymmetric: 1 to be dele	stee in item oa or ob.		em 7c; also complete item	is 70-7g (if applica
6a. ORGANIZATION'S N						
Cahaba Beach In	vestments, LLC					
OD. INDIVIDUALS LAST	NAME	FIRST NAME	FIRST NAME		MIDDLE NAME SUFFIX	
CHANCED (MEM) OF A						
7a. ORGANIZATION'S NA		<u> </u>				
7b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME		SUFFIX
MAILING ADDRESS		CITY	CITY		POSTAL CODE	COUNTRY
	ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION	7f. JURISDICTION OF OR	GANIZATION	7g. ORG	ANIZATIONAL ID #, if an	<u>l</u> y
DEBTOR						
	TERAL CHANGE): check only one box.					
Describe collateral 🗸 dele	ted or added, or give entire restated collate	eral description, or describe or	ollateral assigne	ed.		
Unit 1002,	Building 10, in the Loi	Ets at Edenton	, 3rd Ame	ended M	ap, as	
	Map Book 41, Page 136,				— —	
County, Alal						
IAME OF SECURED F	ARTY OF RECORD AUTHORIZING THIS AN	AENDMENT (nome of costons				
dds collateral or adds the au	PARTY OF RECORD AUTHORIZING THIS AN uthorizing Debtor, or if this is a Termination authorized	d by a Debtor, check here	 ii inis is an Assignrand enter name of Di 	ment). If this is EBTOR autho	an Amendment authorized rizing this Amendment	d by a Debtor whic
9a. ORGANIZATION'S NA	ME				······································	
Compass Bank						
9b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE	NAME	SUFFIX
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PTIONAL FILER REFEREN	ICE DATA					
dge of Probate, She	elby County					