UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS (front and back) CAREFULLY  A. NAME & PHONE OF CONTACT AT FILER [optional]		20	20120510000164490 1/1 \$.00		
Corporation Servic	e Company 1-800-858-5294		elby Cnty Judge of Probat /10/2012 11:49:48 AM FILE		
	SMENT TO: (Name and Address)				
66609891 - 33					
•	n Service Company Stevenson Drive				
Springfield,					
	Filed In: Alabam	, <u></u>	SDACE IS EOD EU ING OFFICE III	SE ON! V	
. INITIAL FINANCING STA	TEMENT FILE#	THE ABOVE	SPACE IS FOR FILING OFFICE US  1b. This FINANCING STATEME	NT AMENDMENT	
20100413000112580 4/13/2010			to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.		
	fectiveness of the Financing Statement identified above Effectiveness of the Financing Statement identified abo				
f I	tional period provided by applicable law.	ore min respect to security interest(s) of the Sec	Side i arry administring tins continuation	Statement 15	
	or partial): Give name of assignee in item 7a or 7b and				
	Y INFORMATION): This Amendment affects Dewing three boxes and provide appropriate information in		ly <u>one</u> of these two boxes.		
CHANGE name and/or a	address: Please refer to the detailed instructions he name/address of a party.	DELETE name: Give record name to be deleted in item 6a or 6b.	ADD name: Complete item 7a or also complete items 7e-7g (if app		
CURRENT RECORD IN	FORMATION:				
ba. ORGANIZATION S N	NAME GDG INVESTMENTS,LLC				
6b. INDIVIDUAL'S LAST	NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
CHANGED (NEW) OR A					
7				· · · · · · · · · · · · · · · · · · ·	
` 7b. INDIVIDUAL'S LAST	NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
. MAILING ADDRESS	<del></del>	CITY	STATE POSTAL CODE	COUNTRY	
. SEE INSTRUCTIONS	ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if an	·	
AMENDMENT (COLL)				NO	
•	ADD'L INFO RE   7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR  ATERAL CHANGE): check only one box.  leted or added, or give entire restated collater	7f. JURISDICTION OF ORGANIZATION ral description, or describe collateral assign	7g. ORGANIZATIONAL ID #, if an	ny	

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