UCC FINANCING STATEMENT AMENDM	ENT				
FOLLOW INSTRUCTIONS					
A. NAME & PHONE OF CONTACT AT FILER (optional)					
Frank Meigs, Sr. Vice-President					
B. E-MAIL CONTACT AT FILER (optional)					
C. SEND ACKNOWLEDGMENT TO: (Name and Address)					a 4 15
Regions Bank 1901 Sixth Avenue North, 19th Floor				160 1/1 \$ 00	
Birmingham, AL 35203		Shelby	Chty Jud	dge of Probate, A	iL DT
—	•	08/14/2	013 04:	01:05 PM FILED/CE	:RI
		THE 4 DOME OF 4	05.10.505	. EU INO OFFICE HOE	O. 11. 17
1a. INITIAL FINANCING STATEMENT FILE NUMBER		1b. This FINANCING STATEM	<u>. </u>	NDMENT is to be filed [for	
20111027000322080		(or recorded) in the REAL Filer: attach Amendment Add	LOIAIL D	LCONDS	
2. TERMINATION: Effectiveness of the Financing Statement identified	d above is terminated v				
Statement 2	2 Ar 7h . and add	f Accionos in itam Za and anne	Agnia	in itom 0	
3. ASSIGNMENT (full or partial): Provide name of Assignee in item 7 For partial assignment, complete items 7 and 9 and also indicate affe			л Assignor	ni nem 9	
 CONTINUATION: Effectiveness of the Financing Statement identificant continued for the additional period provided by applicable law 	fied above with respect	to the security interest(s) of Sec	ured Party	authorizing this Continuati	on Statement is
5. PARTY INFORMATION CHANGE:					
Check one of these two boxes.	eck <u>one</u> of these three be CHANGE name and/or a		ne: Complet	e item DELETE name:	Give record name
	·	address: Complete ADD named and an 7b and item 7c 7a or 7b,	and item 7	to be deleted in	item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Information 6a. ORGANIZATION'S NAME	n Change - provide only	one name (6a or 6b)	···		-
T & T Investments, L.L.C.					
6b. INDIVIDUAL'S SURNAME	FIRST PERSON	IAL NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX		
		<u> </u>			
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party 7a. ORGANIZATION'S NAME	Information Change - provide	only <u>one</u> name (7a or 7b) (use exact, full na	ame; do not om	it, modify, or abbreviate any part of	of the Debtor's name)
OR 7b. INDIVIDUAL'S SURNAME					
		. - , 		······································	
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	. ,				SUFFIX
HADIANDONE O NODITIONAL TANIAL (O)MATTINE(O)					
7c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
8. COLLATERAL CHANGE: Also check one of these four boxes:	ADD collateral	DELETE collateral F	RESTATE co	overed collateral	ASSIGN collateral
Indicate collateral:					
	····	· · · · · · · · · · · · · · · · · · ·			
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING TH			name of Ass	ignor, if this is an Assignme	ent)
If this is an Amendment authorized by a DEBTOR, check here and property of the second	ovide name of authorizing	ng Deptor			
Regions Bank					
OR 9b. INDIVIDUAL'S SURNAME	FIRST PERSON	IAL NAME	ADDITION	IAL NAME(S)/INITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA:					· · ·