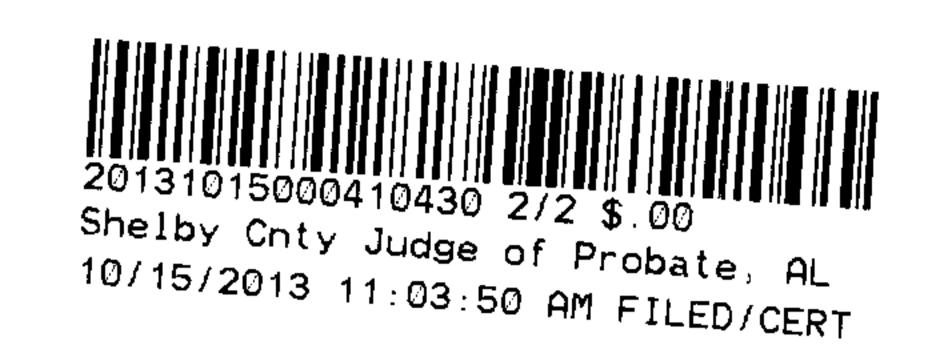
OLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional] Corporation Service Company 1-800-858-5294 B. SEND ACKNOWLEDGMENT TO: (Name and Address)			20131015000410430 1/2 \$.00 20131015000410430 1/2 \$.00 Shelby Cnty Judge of Probate: AL				
Corporation Service (801 Adlai Stevenson Springfield, IL 62703	Drive		Shelby Cnt 10/15/2013	y Judge 0	AM FILED/CERT		
	Filed In: Alaba	ama Shelby	THE ABOVE S	SPACE IS FO	R FILING OFFICE US	F ONLY	
a. INITIAL FINANCING STATEMENT FILE # 20061219000617710 12/19/2		1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.					
. X TERMINATION: Effectiveness of the	e Financing Statement identified abo	ve is terminated with respect	to security interest(s) of		·	ition Statement.	
. CONTINUATION: Effectiveness of continued for the additional period pro	<del>-</del>	above with respect to securit	ty interest(s) of the Secu	ired Party author	orizing this Continuation S	tatement is	
. ASSIGNMENT (full or partial): Give	name of assignee in item 7a or 7b a	nd address of assignee in iter	m 7c; and also give name	e of assignor in	item 9.		
. AMENDMENT (PARTY INFORMATI		h-id	rty of record. Check onl	y <u>one</u> of these	two boxes.		
Also check <u>one</u> of the following three boxes  CHANGE name and/or address: Please r		in items 6 and/or 7.  DELETE name: Gi	ve record name	FT ADD	name: Complete item 7a or 7	b and also item 7c	
in regards to changing the name/address		to be deleted in iter			omplete items 7e-7g (if applic	,	
. CURRENT RECORD INFORMATION:  6a. ORGANIZATION'S NAME METE	RO HOSPITALITY LLC	· · · · · · · · · · · · · · · · · · ·	······································			<u> </u>	
66. INDIVIDUAL'S LAST NAME		CIDCT MANE	FIRST NAME		MIDDLE NAME SUFFIX		
		FIRST NAME			SUFFIX		
. CHANGED (NEW) OR ADDED INFORM	MATION:						
7a. ORGANIZATION'S NAME							
7b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME SUFFIX		SUFFIX	
					<u> </u>		
. MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY	
SEEINSTRUCTIONS ADD'L INFO	· · · · · · · · · · · · · · · · · · ·	7f. JURISDICTION OF	ORGANIZATION	7g. ORG	ANIZATIONAL ID #, if any		
ORGANIZATI DEBTOR	ON ]					NON	
AMENDMENT (COLLATERAL CHAI				<u> </u>			
Describe collateral deleted or add			<u></u>				
All Leases in which debtor is lesson that the lesson which may here to become due and derived from saind substitutions relating to any of including insurance, general intangence.	eafter be entered into with research and property; whether any of the foregoing; all records of	spect to all or any part the foregoing is owned any kind relating to an	of said property, a downward now or acquired l	nd all of the ater; all acc	rents,issues and pro essions, additions, re	ofits now due o eplacements,	
		• <del>• • •</del> • • • • • • • • • • • • • • •				<u> </u>	
	ECODO ALITHODIZINO TUICA	MENDMENT (name of ass	ignor, if this is an Assign	ment). If this is	an Amendment authorized	by a Debtor which	
NAME OF SECURED PARTY OF R	or or if this is a Termination sutherin						
NAME OF SECURED PARTY OF Readds collateral or adds the authorizing Debter 9a. ORGANIZATION'S NAME REGIO	tor, or if this is a Termination authorize	ed by a Debtor, check here	and enter name of D		nzing this Amendment		
adds collateral or adds the authorizing Debt	tor, or if this is a Termination authorize	ed by a Debtor, check here	and enter name of D	MIDDLE I		SUFFIX	

## UCC FINANCING STATEMENT AMENDMENT ADDENDUM FOLLOW INSTRUCTIONS (front and back) CAREFULLY 11. INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendment form) 20061219000617710 12/19/2006 12. NAME OF PARTY AUTHORIZING THIS AMENDMENT (same as item 9 on Amendment form) 12a. ORGANIZATION'S NAME REGIONS BANK OR 12b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME, SUFFIX

13. Use this space for additional information



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