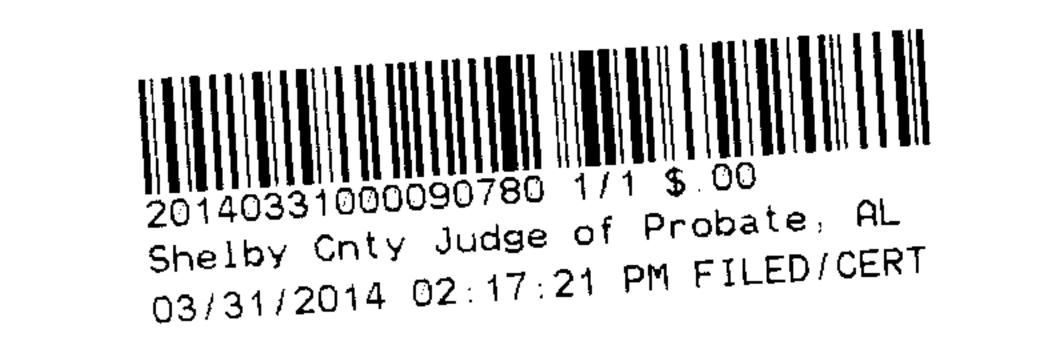
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LICC FINANCING STATEMENT AMENDMENT

OLLOW INSTRUCTION A. NAME & PHONE OF C	S (front and back)						
Corporation Servic		1-800-858-5294					
B. SEND ACKNOWLEDG	<u></u>	<u></u>					
85529175 - 33	0860						
Corporation	n Service Co	mpany					
•	tevenson Dr						
Springfield,							
Opinignoia,	12 02,00						
		Filed In: Alaban		SPACE IS FO	R FILING OFFICE USE	E ONLY	
a. INITIAL FINANCING STA				to b	FINANCING STATEMENT e filed [for record] (or recor		
2000-18263 6/2/2		ina Statement identified above	is terminated with respect to security interest/s) of		AL ESTATE RECORDS.	tion Statement	
			is terminated with respect to security interest(s) of ove with respect to security interest(s) of the Sec		·-		
continued for the addi			ove with respect to security interest(s) or the occ	dico i aity dame	anzang and continuously ca	GCOTTOTAL 10	
ASSIGNMENT (full	or partial): Give nan	ne of assignee in item 7a or 7b and	address of assignee in item 7c; and also give nam	ne of assignor in i	tem 9.		
AMENDMENT (PART)	Y INFORMATION): This Amendment affects De	ebtor or Secured Party of record. Check or	nly <u>one</u> of these t	wo boxes.		
		provide appropriate information in	items 6 and/or 7.				
CHANGE name and/or a in regards to changing t			DELETE name: Give record name to be deleted in item 6a or 6b.	ADD n also co	ame: Complete item 7a or 7b omplete items 7e-7g (if applic	o, and also item 7 able).	
CURRENT RECORD IN							
6a. ORGANIZATION'S N	NAME Amazing	Grace Properties LL	С				
66. INDIVIDUAL'S LAST	F NI A NA E		FIRST NAME MIDDLE NAME		VAME	SUFFIX	
OD. SINDIVIDUAL O LACI	INAME				.,		
CHANGED (NEW) OR A	DDED INFORMAT	ION:				<u></u>	
7a. ORGANIZATION'S N	<u> </u>						
_							
7b. INDIVIDUAL'S LAST NAME			FIRST NAME	MIDDLE NAME SU		SUFFIX	
MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY	
	LADDY MICO DE	Ta. TYPE OF OPENATION	74 HUDICOLOTION OF ODG ANITATION	7a OBC	ANIZATIONAL ID # if any		
SEEINSTRUCTIONS	ORGANIZATION	7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	/g. ORG/	ANIZATIONAL ID #, if any		
	DEBTOR					N	
NAME OF SECURED	PARTY OF REC	ORD AUTHORIZING THIS AM or if this is a Termination authorized	ENDMENT (name of assignor, if this is an Assignor and enter name of a second enter name of	nment). If this is		by a Debtor wh	
R OF INDIVIDUAL'S LAST	NAR4C	<u> </u>	EIDCT NIABZE	TRAID DUTE	ALARAE	CHEEN	
9b. INDIVIDUAL'S LAST	NAME		FIRST NAME	MIDDLE	NAME	SUFFIX	
ODT 01111 511 55 55 55 55 55 55 55 55 55 55 5		,		70			
OPTIONAL FILER REFER	ENCEDATA Del	otor: Amazing Grace F	Properties LLC - 01-00005609	/ 8		855291	