UCC FINANCING STATEMENT AMENDM	ENT				
FOLLOW INSTRUCTIONS A. NAME & PHONE OF CONTACT AT FILER (optional)					
Pam Flynn 678-839-4428				aamtt t ij	
B. E-MAIL CONTACT AT FILER (optional) pamela.flynn@myCSBonline.com					
C. SEND ACKNOWLEDGMENT TO: (Name and Address)					1
		20140	4250001222 Coty Juc	ige of Probate, AL 26:48 PM FILED/CER	Τ
Community & Southern Bank		04/25	5/2014 12:3	ige of Probate, 26:48 PM FILED/CER	
PO Box 280 Carrollton GA 30112	-				
10 INITIAL EINANGING OTATEMENT EILE NUMBER				R FILING OFFICE USE	
1a. INITIAL FINANCING STATEMENT FILE NUMBER 20130808000324140		1b. This FINANCING ST (or recorded) in the	KEAL ESTATE	RECORDS	
2. TERMINATION: Effectiveness of the Financing Statement identified	d above is terminated v			om UCC3Ad) <u>and</u> provide Debte cured Party authorizing this	
Statement					
 ASSIGNMENT (full or partial): Provide name of Assignee in item 7 For partial assignment, complete items 7 and 9 and also indicate affe 	a or 7b, <u>and</u> address o octed collateral in item	of Assignee in item 7c <u>and</u> na 8	ame of Assigno	r in item 9	
4. CONTINUATION: Effectiveness of the Financing Statement identificant continued for the additional period provided by applicable law	fied above with respec	t to the security interest(s) o	f Secured Party	authorizing this Continuati	on Statement is
5. PARTY INFORMATION CHANGE:		· · · · · · · · · · · · · · · · · · ·	·	······································	
Chock one of those two boxes.	ck <u>one</u> of these three b CHANGE name and/or a		Diname: Compli	ete itemDELETE name:	Give record name
This Change affects Debtor or Secured Party of record 6. CURRENT RECORD INFORMATION: Complete for Party Information		address: Complete 7a or 7b <u>and</u> item 7c 7a	or 7b, <u>and</u> item 7	c to be deleted in	tem 6a or 6b
6a. ORGANIZATION'S NAME		······································			
ADAMS HOMES LLC, an Alabama lin	nited liability FIRST PERSON			Peeze Parkway (SUFFIX
7 CUANCED OD ADDED INCODMATION -		····································			
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party II 7a. ORGANIZATION'S NAME	ntormation Change - provide	only <u>one</u> name (7a or 7b) (use exact	, full name; do not o	mit, modify, or abbreviate any part o	f the Debtor's name)
7b. INDIVIDUAL'S SURNAME	<u> </u>	<u> </u>	· · · · · · · · · · · · · · · · · · ·		<u> </u>
INDIVIDUAL'S FIRST PERSONAL NAME	·	· · · · · · · · · · · · · · · · · · ·	<u> </u>	······································	
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	·		······································		Tourne
					SUFFIX
7c. MAILING ADDRESS	CITY	<u> </u>	STATE	POSTAL CODE	COUNTRY
3. COLLATERAL CHANGE: Also check one of these four boxes:	ADD collateral	DELETE collateral	RESTATE o	overed collateral	SSIGN collateral
Indicate collateral:					
	1				
	- ;				
NAME OF SECURED PARTY OF RECORD AUTHORIZING THE	IS AMENDMENT: P	rovide only <u>one</u> name (9a or 9	b) (name of Ass	signor, if this is an Assignmen	nt)
If this is an Amendment authorized by a DEBTOR, check here and pro-	vide name of authorizin	g Debtor		g,	
Community & Southern Bank					
9b. INDIVIDUAL'S SURNAME	FIRST PERSON.	AL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
0. OPTIONAL FILER REFERENCE DATA: 771590			<u> </u>	·	

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

LOW INSTRUCTIONS			
INITIAL FINANCING STATEMENT FILE NUMBER: SE	ame as item 1a on Amendment form		
NAME OF PARTY AUTHORIZING THIS AMENDMENT	T: Same as item 9 on Amendment form		
12a. ORGANIZATION'S NAME			
	· · · · · · · · · · · · · · · · · · ·		
12b. INDIVIDUAL'S SURNAME		20140425000122210 2/2 \$.00 20140425000122210 2/2 \$.00	
FIRST PERSONAL NAME		20140425000122210 272 3.00 201404250000122210 272 3.00 Shelby Cnty Judge of Probate, F 04/25/2014 12:26:48 PM FILED/CF	ERT
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	-	
		THE ABOVE SPACE IS FOR FILING OFFICE U	SE ONLY
Name of DEBTOR on related financing statement (National Debtor name (13a or 13b) (use exact, full name; do not or		exing purposes only in some filing offices - see Instruction item 1 s name); see Instructions if name does not fit	13): Provide
13a. ORGANIZATION'S NAME			<u> </u>
ADAMS HOMES LLC, an Alab 13b. INDIVIDUAL'S SURNAME		oany 3000 Gulf Breeze Parkway G	
130. INDIVIDUAL S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
ADDITIONAL SPACE FOR ITEM 8 (Collateral):			<u> </u>
This FINANCING STATEMENT AMENDMENT: covers timber to be cut covers as-extracted collate. Name and address of a RECORD OWNER of real estate description of the continuous covers.	17. Descrip	tion of real estate:	
covers timber to be cut covers as-extracted collate lame and address of a RECORD OWNER of real estate descri	17. Descrip	tion of real estate:	
covers timber to be cut covers as-extracted collate lame and address of a RECORD OWNER of real estate descri	17. Descrip	tion of real estate:	
covers timber to be cut covers as-extracted collate lame and address of a RECORD OWNER of real estate descri	17. Descrip	tion of real estate:	