| LOO EINLANIOUNIO OTATEREENIT ABAENIO  | RACNIT   |  |  |                      |
|---|--|--|--|----------------------|
| JCC FINANCING STATEMENT AMEND OLLOW INSTRUCTIONS  |  |  |  |                      |
| A. NAME & PHONE OF CONTACT AT FILER (optional)  Corporation Service Company 1-800-858-5   | 5294   |  |  |                      |
| B. E-MAIL CONTACT AT FILER (optional)   |  |  |  |                      |
| SPRFiling@cscinfo.com  C. SEND ACKNOWLEDGMENT TO: (Name and Address)  |  | 20141023000  |  |                      |
| 92409567 - 347950   |  | Shelby Cnty<br>10/23/2014                            | Judge of Probate; AL   |                      |
| Prepared By:  |  | 1-1-0,2014 1   | 1:14:25 AM FILED/CERT  |                      |
| Corporation Service Company   |  |  |  |                      |
| 801 Adlai Stevenson Drive<br>Springfield, IL 62703-4261   | Filed In: Alabama                                |  |  |                      |
| ——————————————————————————————————————  | (Shelby)   | THE ABOVE SPA  | CE IS FOR FILING OFFICE USE  | ONLY                 |
| a. INITIAL FINANCING STATEMENT FILE NUMBER<br>20100319000081380 3/19/2010   | 1  | (or recorded) in the KEAL                            | MENT AMENDMENT is to be filed [for ESTATE RECORDS   Bendum (Form UCC3Ad) and provide Debte |                      |
| TERMINATION: Effectiveness of the Financing Statement identification.  Statement  | tified above is terminated w                     | ith respect to the security interes                  | st(s) of Secured Party authorizing this  | Termination          |
| ASSIGNMENT (full or partial): Provide name of Assignee in ite For partial assignment, complete items 7 and 9 and also indicate  |  |  | f Assignor in item 9   |                      |
| CONTINUATION: Effectiveness of the Financing Statement ide continued for the additional period provided by applicable law   | entified above with respect t                    | to the security interest(s) of Sec                   | ured Party authorizing this Continuation   | on Statement         |
| PARTY INFORMATION CHANGE:   |  |  | · · · · · · · · · · · · · · · · · · ·  |                      |
|   | Check <u>one</u> of these three both             |  | ne: Complete itemDELETE name:  | Cive record o        |
| This Change affects Debtor or Secured Party of record   | item 6a or 6b; <u>and</u> item 7a                | a or 7b <u>and</u> item 7c7a or 7b,                  | and item 7c to be deleted in i   | _                    |
| . CURRENT RECORD INFORMATION: Complete for Party Information  | ation Change - provide only <u>o</u>             | ne name (6a or 6b)                                   |  |                      |
| 6a. ORGANIZATION'S NAMESmith Properties, L.L.C.   |  | name (ea er ee)                                      | <u> </u>   |                      |
| 6a. ORGANIZATION'S NAMESmith Properties, L.L.C.   | FIRST PERSONA                                    |  | ADDITIONAL NAME(S)/INITIAL(S)  | SUFFIX               |
| AD  |  | AL NAME  |  |                      |
| 6b. INDIVIDUAL'S SURNAME  CHANGED OR ADDED INFORMATION: Complete for Assignment or P.  7a. ORGANIZATION'S NAME  |  | AL NAME  |  |                      |
| 6b. INDIVIDUAL'S SURNAME  CHANGED OR ADDED INFORMATION: Complete for Assignment or P.  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME  |  | AL NAME  |  |                      |
| 6b. INDIVIDUAL'S SURNAME  CHANGED OR ADDED INFORMATION: Complete for Assignment or P.  7a. ORGANIZATION'S NAME  |  | AL NAME  |  |                      |
| 6b. INDIVIDUAL'S SURNAME  CHANGED OR ADDED INFORMATION: Complete for Assignment or P.  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME  |  | AL NAME  |  |                      |
| 6b. INDIVIDUAL'S SURNAME  CHANGED OR ADDED INFORMATION: Complete for Assignment or P.  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  |  | AL NAME  |  | of the Debtor's name |
| 6b. INDIVIDUAL'S SURNAME  CHANGED OR ADDED INFORMATION: Complete for Assignment or P.  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  | arty Information Change - provide or             | AL NAME  | me; do not omit, modify, or abbreviate any part o  | of the Debtor's name |
| 6b. INDIVIDUAL'S SURNAME  CHANGED OR ADDED INFORMATION: Complete for Assignment or P.  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  MAILING ADDRESS  COLLATERAL CHANGE: Also check one of these four boxes:   | arty Information Change - provide or             | AL NAME  Aly one name (7a or 7b) (use exact, full na | me; do not omit, modify, or abbreviate any part of STATE POSTAL CODE                       | SUFFIX COUNTRY       |
| 6b. INDIVIDUAL'S SURNAME  CHANGED OR ADDED INFORMATION: Complete for Assignment or P.  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  MAILING ADDRESS   | arty Information Change - provide or             | AL NAME  Aly one name (7a or 7b) (use exact, full na | me; do not omit, modify, or abbreviate any part of STATE POSTAL CODE                       | SUFFIX COUNTRY       |
| 6b. INDIVIDUAL'S SURNAME  CHANGED OR ADDED INFORMATION: Complete for Assignment or P.  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  MAILING ADDRESS  COLLATERAL CHANGE: Also check one of these four boxes:   | arty Information Change - provide or             | AL NAME  Aly one name (7a or 7b) (use exact, full na | me; do not omit, modify, or abbreviate any part of STATE POSTAL CODE                       | SUFFIX COUNTRY       |
| 6b. INDIVIDUAL'S SURNAME  CHANGED OR ADDED INFORMATION: Complete for Assignment or P.  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  MAILING ADDRESS  COLLATERAL CHANGE: Also check one of these four boxes:   | arty Information Change - provide or             | AL NAME  Aly one name (7a or 7b) (use exact, full na | me; do not omit, modify, or abbreviate any part of STATE POSTAL CODE                       | SUFFIX COUNTRY       |
| 6b. INDIVIDUAL'S SURNAME  CHANGED OR ADDED INFORMATION: Complete for Assignment or P.  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  MAILING ADDRESS  COLLATERAL CHANGE: Also check one of these four boxes:   | arty Information Change - provide or             | AL NAME  Aly one name (7a or 7b) (use exact, full na | me; do not omit, modify, or abbreviate any part of STATE POSTAL CODE                       | SUFFIX COUNTRY       |
| 6b. INDIVIDUAL'S SURNAME  CHANGED OR ADDED INFORMATION: Complete for Assignment or P.  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  MAILING ADDRESS  COLLATERAL CHANGE: Also check one of these four boxes:   | arty Information Change - provide or             | AL NAME  Aly one name (7a or 7b) (use exact, full na | me; do not omit, modify, or abbreviate any part of STATE POSTAL CODE                       | SUFFIX COUNTRY       |
| CHANGED OR ADDED INFORMATION: Complete for Assignment or P.    Ta. ORGANIZATION'S NAME  | CITY  ADD collateral                             | AL NAME  hly one name (7a or 7b) (use exact, full na | STATE POSTAL CODE  ESTATE covered collateral   | SUFFIX COUNTRY       |
| CHANGED OR ADDED INFORMATION: Complete for Assignment or P  Ta. ORGANIZATION'S NAME  Tb. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  MAILING ADDRESS  COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral:  NAME OF SECURED PARTY OF RECORD AUTHORIZING If this is an Amendment authorized by a DEBTOR, check here and and and approach to the part of the | CITY  ADD collateral                             | DELETE collateral R                                  | STATE POSTAL CODE  ESTATE covered collateral   | SUFFIX COUNTRY       |
| CHANGED OR ADDED INFORMATION: Complete for Assignment or P  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  MAILING ADDRESS  COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral:   | CITY  ADD collateral  THIS AMENDMENT: Provide or | DELETE collateral R                                  | STATE POSTAL CODE  ESTATE covered collateral   | SUFFIX COUNTRY       |
| CHANGED OR ADDED INFORMATION: Complete for Assignment or P    Ta. ORGANIZATION'S NAME   | CITY  ADD collateral  THIS AMENDMENT: Provide or | DELETE collateral R                                  | STATE POSTAL CODE  ESTATE covered collateral   | SUFFIX  COUNTRY      |