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Shelby Cnty Judge of Probate: AL

UCC FINANCING STATEMENT AMENDMENT 12/12/2014 10:39:37 AM FILED/CERT FOLLOW INSTRUCTIONS A. NAME & PHONE OF CONTACT AT FILER (optional) Michele Norman 0229-878-3203 B. E-MAIL CONTACT AT FILER (optional) C. SEND ACKNOWLEDGMENT TO: (Name and Address) HeritageBank of the South PO Box 50728 Albany, GA 31703-0728 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] 1a. INITIAL FINANCING STATEMENT FILE NUMBER (or recorded) in the REAL ESTATE RECORDS File # 20110518000148310 Pg#1 Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13 2. TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9 For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8 CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law PARTY INFORMATION CHANGE: AND Check one of these three boxes to: Check one of these two boxes: ADD name: Complete item ____ DELETE name: Give record name CHANGE name and/or address: Complete to be deleted in item 6a or 6b 7a or 7b, and item 7c item 6a or 6b; and item 7a or 7b and item 7c This Change affects | Debtor or Secured Party of record 6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b) 6a. ORGANIZATION'S NAME Birmingham Marbleworks, LLC SUFFIX ADDITIONAL NAME(S)/INITIAL(S) FIRST PERSONAL NAME 6b. INDIVIDUAL'S SURNAME 7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME SUFFIX INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) COUNTRY POSTAL CODE STATE CITY 7c. MAILING ADDRESS 8. COLLATERAL CHANGE: Also check one of these four boxes: **ASSIGN** collateral RESTATE covered collateral **DELETE** collateral ADD collateral Indicate collateral: 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment) and provide name of authorizing Debtor If this is an Amendment authorized by a DEBTOR, check here 9a. ORGANIZATION'S NAME

FIRST PERSONAL NAME

10. OPTIONAL FILER REFERENCE DATA: 454966507-Shelby

9b. INDIVIDUAL'S SURNAME

HeritageBank of the South

Acknowledged

SUFFIX

ADDITIONAL NAME(S)/INITIAL(S)