UCC	FINA	NCING	STAT	EME	N
FOLLO	W INSTRU	JCTIONS			

T AMENDMENT

A. NAME & PHONE OF CONTACT AT FILER (optional)	- " .
Pam Flynn 678-839-4428	
B. E-MAIL CONTACT AT FILER (optional)	
pamela.flynn@myCSBonline.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	
 	
Community & Southern Bank	
PO Box 280	
Carrollton GA 30112	

Shelby Cnty Judge of Probate, AL 12/22/2014 09:02:18 AM FILED/CERT

PO Box 280 Carrollton GA 30112						
			THE ABOVE	SPACE IS FO	R FILING OFFICE USE	ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER			1b. This FINANCING S	TATEMENT AME	NDMENT is to be filed [for	
20140422000118120			(or recorded) in the	REAL COLATE	m UCC3Ad) <u>and</u> provide Debt	
2. TERMINATION: Effectiveness of the Financing Statement identification and Statement	fied above	is terminated	with respect to the security	interest(s) of Sec	cured Party authorizing this	s Termination
3. ASSIGNMENT (full or partial): Provide name of Assignee in item For partial assignment, complete items 7 and 9 and also indicate a				name of Assignor	in item 9	
4. CONTINUATION: Effectiveness of the Financing Statement idea continued for the additional period provided by applicable law	ntified abo	ve with respec	t to the security interest(s)	of Secured Party	authorizing this Continuat	on Statement is
5. PARTY INFORMATION CHANGE:						
Check one of these two poxes.		of these three b SE name and/or		DD name: Comple	te item DELETE name.	Give record name
		· · · · · · · · · · · · · · · · · · ·		or 7b, <u>and</u> item 7	te item DELETE name. to be deleted in	item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Informat 6a. ORGANIZATION'S NAME	ion Change	e - provide only	one name (6a or 6b)	<u>.</u>		·
ADAMS HOMES LLC, an Alabama l	imited	liability	company 300	0 Gulf Br	eeze Parkway (Gulf Breez
6b. INDIVIDUAL'S SURNAME		FIRST PERSO	NAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Pai	rty Information	n Change - provide	only <u>one</u> name (7a or 7b) (use exa	ct, full name; do not on	nit, modify, or abbreviate any part	of the Debtor's name)
7a. ORGANIZATION'S NAME	 	· · · · · · · · · · · · · · · · · · ·				<u> </u>
OR			······································			
7b. INDIVIDUAL'S SURNAME						
INDIVIDUAL'S FIRST PERSONAL NAME	·			<u>-</u>		<u>.</u>
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)						
7c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY	
8. COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral:	ADD	collateral	DELETE collateral	RESTATE C	overed collateral	ASSIGN collateral
iridicale collateral.						
				-	· · · · · · · · · · · · · · · · · · ·	
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING If this is an Amendment authorized by a DEBTOR, check here and		ENDMENT: I	-	r 9b) (name of Ass	signor, if this is an Assignme	ent)
9a. ORGANIZATION'S NAME	<u> </u>		<u></u>		<u> </u>	
Community & Southern Bank						
9b. INDIVIDUAL'S SURNAME		FIRST PERSO	NAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA:						

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