UCC FINANCING STATEMENT AMENDME	ENT				
FOLLOW INSTRUCTIONS	,			•	
A. NAME & PHONE OF CONTACT AT FILER (optional) N.WILLIAMS 727-2602-6421 #401408200					
B. E-MAIL CONTACT AT FILER (optional)	* . 				
loanops@usameribank.com					
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	_				
Aliant Bank, a division of USAmeriBank		201501	126000026290	שש. 🕻 וון	
Operations Center-FL P.O. Box 17540		Shelby	y Chty Judge (of Probate, AL 6 PM FILED/CERT	
Clearwater, FL 33762		1 L	72015 12.07.2		
	-	THE ABO	OVE SPACE IS FO	R FILING OFFICE USE	ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER		b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS			
20121203000460560 Shelby County, AL	· · · · · ·	Filer: <u>attach</u> Amer	ndment Addendum (Fo	rm UCC3Ad) <u>and</u> provide Deb	
2. TERMINATION: Effectiveness of the Financing Statement identified Statement	above is termin	nated with respect to the secu	rity interest(s) of Se	cured Party authorizing thi	s lermination
3. ASSIGNMENT (full or partial): Provide name of Assignee in item 7a For partial assignment, complete items 7 and 9 and also indicate affect	or 7b, <u>and</u> add ted collateral in	ress of Assignee in item 7c <u>ar</u> item 8	nd name of Assigno	r in item 9	·
4. CONTINUATION: Effectiveness of the Financing Statement identified continued for the additional period provided by applicable law	ed above with re	espect to the security interest	(s) of Secured Party	authorizing this Continuat	ion Statement is
5. PARTY INFORMATION CHANGE:					
Check one of these two boxes:	k <u>one</u> of these th CHANGE name a		ADD name: Compl 7a or 7b, <u>and</u> item 7	ete itemDELETE name	Give record name
This Change affects Debtor or Secured Party of record it. 6. CURRENT RECORD INFORMATION: Complete for Party Information (7a or 7b, <u>and</u> item i	c to be deleted in	item ba or bb
6a. ORGANIZATION'S NAME	Silango provid	<u> </u>	· -		
Treasures of Heaven, LLC	TELEGE DE		LADDITIC	NIAL NIABAE/CV/NIITIAL/CV	SUFFIX
6b. INDIVIDUAL'S SURNAME	FIRST	ERSONAL NAME	ADDITIC	NAL NAME(S)/INITIAL(S)	30/11/
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Inf	formation Change -	provide only <u>one</u> name (7a or 7b) (use	exact, full name; do not o	mit, modify, or abbreviate any part	of the Debtor's name)
7a. ORGANIZATION'S NAME					
OR 7b. INDIVIDUAL'S SURNAME			· · · · · · · · · · · · · · · · · · ·		
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	<u>. </u>		· ·· - ·		SUFFIX
7c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
P COLLATERAL CHANGE: Also shock and of those four boyes:	ADD collateral	DELETE collateral	RESTATE	covered collateral	ASSIGN collateral
8. COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral:	I ADD Collateral	DELETE Conateral			
				·	
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THI		NT: Provide only <u>one</u> name (state)	9a or 9b) (name of A	ssignor, if this is an Assignm	nent)
9a. ORGANIZATION'S NAME	VIOC HAITIC OF AU		<u> </u>		
ALIANT BANK, a division of USAmeril					1
9b. INDIVIDUAL'S SURNAME	FIRST PE	ERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA:				· · · · · · · · · · · · · · · · · · ·	
#401408200					