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UCC FINANCING STATEMENT AMI	ENDMENT		:00:35 PM FILED/CERT	
A. NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800	-858-5294			
B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscinfo.com				
C. SEND ACKNOWLEDGMENT TO: (Name and Address	ss)			
95978301 - 347950				
Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703	Filed In: Alabama (Shelby)			
			CE IS FOR FILING OFFICE USE	
1a. INITIAL FINANCING STATEMENT FILE NUMBER 20140917000292210 09/17/2014		(or recorded) in the REAL	MENT AMENDMENT is to be filed [for L ESTATE RECORDS dendum (Form UCC3Ad) <u>and</u> provide Deb	-
2. TERMINATION: Effectiveness of the Financing Statement	nent identified above is terminated	with respect to the security intere	st(s) of Secured Party authorizing th	is Termination
ASSIGNMENT (full or partial): Provide name of Assignment, complete items 7 and 9 and also			of Assignor in item 9	
4. CONTINUATION: Effectiveness of the Financing State continued for the additional period provided by applicable		ct to the security interest(s) of Sec	cured Party authorizing this Continua	tion Statement is
5. PARTY INFORMATION CHANGE:				
Check one of these two boxes:	AND Check one of these three the change and/or		ne: Complete item DELETE name	: Give record name
This Change affects Debtor or Secured Party of record	item 6a or 6b; <u>and</u> item	7a or 7b and item 7c 7a or 7b	ne: Complete item DELETE name , <u>and</u> item 7c to be deleted in	item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Par	<u> </u>	one name (6a or 6b)		
6a. ORGANIZATION'S NAMEHILLSIDE PARTNE	RS, LLC			
6b. INDIVIDUAL'S SURNAME	FIRST PERSO	NAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assign	gnment or Party Information Change - provide	e only <u>one</u> name (7a or 7b) (use exact, full na	ame; do not omit, modify, or abbreviate any part	of the Debtor's name)
7a. ORGANIZATION'S NAME				
OR 7b. INDIVIDUAL'S SURNAME		<b></b>	· -,	
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
7c. MAILING ADDRESS	CITY		STATE POSTAL CODE	COUNTRY
8. COLLATERAL CHANGE: Also check one of these fou Indicate collateral:	ir boxes:	DELETE collateral	RESTATE covered collateral	ASSIGN collateral
			···- ···	
9. NAME OF SECURED PARTY OF RECORD AUTHOR If this is an Amendment authorized by a DEBTOR, check here			name of Assignor, if this is an Assignm	ent)
9a. ORGANIZATION'S NAME ServisFirst Bank				
OR 9b. INDIVIDUAL'S SURNAME	FIRST PERSO	NAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

10. OPTIONAL FILER REFERENCE DATA: Debtor: HILLSIDE PARTNERS, LLC - 22598

95978301