UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS	T				
A. NAME & PHONE OF CONTACT AT FILER (optional) Tabethia Hodnett 678-839-4482					
B. E-MAIL CONTACT AT FILER (optional)				890 1/1 \$.00	
c. SEND ACKNOWLEDGMENT TO: (Name and Address)	. .			idge of Probate 14:15 PM FILE	
Community & Southern Bank	I				
PO Box 280 Carrollton GA 30112					
Carronton GA 50112	•				
10 INITIAL CINANCING STATEMENT ELLE NUMBER				R FILING OFFICE	
1a. INITIAL FINANCING STATEMENT FILE NUMBER 20130925000386230		1b. This FINANCING STATE (or recorded) in the REA Filer: attach Amendment Ac	IL ESTATE	RECORDS	
2. TERMINATION: Effectiveness of the Financing Statement identified above Statement	e is terminated v				. · · · · · · · · · · · · · · · · · · ·
3. ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b For partial assignment, complete items 7 and 9 and also indicate affected co			of Assignor	in item 9	
4. CONTINUATION: Effectiveness of the Financing Statement identified about continued for the additional period provided by applicable law	ove with respect	t to the security interest(s) of Se	cured Party	authorizing this Cont	inuation Statement is
5. PARTY INFORMATION CHANGE:					
Check <u>one</u> of these two boxes:		oxes to: address: Complete 7a or 7b <u>and</u> item 7c 7a or 7t	me: Comple	te itemDELETE n	ame: Give record name
This Change affects Debtor or Secured Party of record item 6a 6. CURRENT RECORD INFORMATION: Complete for Party Information Change			o, <u>and</u> item 7	c to be delet	ted in item 6a or 6b
6a. ORGANIZATION'S NAME	· ·		YI& T)		
ADAMS HOMES LLC, an Alabama limited 6b. INDIVIDUAL'S SURNAME	V COMPANY SUUU G		NAL NAME(S)/INITIAL		
				` '	
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Transport of Pa	on Change - provide	only <u>one</u> name (7a or 7b) (use exact, full i	name; do not or	nit, modify, or abbreviate an	y part of the Debtor's name)
7b. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME			, , , , , , , , , , , , , , , , , , ,		
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	· · · · · · · · · · · · · · · · · · ·		<u>. </u>		SUFFIX
		<u>. </u>			
7c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
8. COLLATERAL CHANGE: Also check one of these four boxes: ADD	collateral	DELETE collateral	RESTATE c	overed collateral	ASSIGN collateral
Indicate collateral:					
	IENDMENT: Pame of authorizing		(name of Ass	ignor, if this is an Ass	ignment)
9a. ORGANIZATION'S NAME					
OR Southern Bank 9b. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME	ADDITION	NAL NAME(S)/INITIAL	(S) SUFFIX
OR	FIRST PERSON	AL NAME	ADDITION	NAL NAME(S)/INITIAL	(S) SUFFIX