UCC FINANCING STATEMENT AMENDITY FOLLOW INSTRUCTIONS	MENT				
A. NAME & PHONE OF CONTACT AT FILER (optional) Brittany Smith 678-839-4474	•				
B. E-MAIL CONTACT AT FILER (optional) brittany.smith@mycsbonline.com C. SEND ACKNOWLEDGMENT TO: (Name and Address)					
Community & Southern Bank PO Box 280 Carrollton GA 30112			20150402000103830 1/1 \$.0 20150402000103830 1/1 \$.0 Shelby Cnty Judge of Prob 04/02/2015 11:03:44 AM F	, ,	
1a. INITIAL FINANCING STATEMENT FILE NUMBER		THE ABOV 1b. This FINANCING	STATEMENT AMENDMENT is to be f		
20141204000381790		Filer: <u>attach</u> Amend	ment Addendum (Form UCC3Ad) <u>and</u> provi	de Debtor's name in item 13	
2. TERMINATION: Effectiveness of the Financing Statement identication Statement	ried above is terminat	ed with respect to the securit	ty interest(s) of Secured Party authoriz	ing this Termination	
3 ASSIGNMENT (full or partial). Provide name of Assignee in item For partial assignment, complete items 7 and 9 <u>and</u> also indicate a	n 7a or 7b, <u>and</u> addres affected collateral in ite	ss of Assignee in item 7c <u>and</u> em 8	name of Assignor in item 9		
4. CONTINUATION: Effectiveness of the Financing Statement ide continued for the additional period provided by applicable law	ntified above with res	pect to the security interest(s) of Secured Party authorizing this Co	ntinuation Statement is	
5. PARTY INFORMATION CHANGE:	Check <u>one</u> of these thre	e haves to			
Check one of these two boxes.				name: Give record name leted in item 6a or 6b	
6. CURRENT RECORD INFORMATION: Complete for Party Information. Ga. ORGANIZATION'S NAME	lion Change - provide o	nly <u>one</u> name (6a or 6b)			
Adams Homes LLC, an Alabama limi			<u> </u>		
6b. INDIVIDUAL'S SURNAME	FIRST PER	SONAL NAME	ADDITIONAL NAME(S)/INITIA	AL(S) SUFFIX	
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Pa 7a. ORGANIZATION'S NAME	rty Information Change - pro	vide only <u>one</u> name (7a or 7b) (use ex	cact, full name; do not omit, modify, or abbreviate a	any part of the Debtor's name)	
OR 7b. INDIVIDUAL'S SURNAME	<u> </u>	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	······································	
INDIVIDUAL'S FIRST PERSONAL NAME	<u> </u>				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)		····	<u>. </u>	SUFFIX	
7c. MAILING ADDRESS	CITY	<u>.</u>	STATE POSTAL CODE	COUNTRY	
8 COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral:	ADD collateral	DELETE collateral	RESTATE covered collateral	ASSIGN collateral	
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· :					
		-•			
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING of this is an Amendment authorized by a DEBTOR, check here and and	THIS AMENDMENT provide name of author		or 9b) (name of Assignor, if this is an As	signment)	
9a. ORGANIZATION'S NAME				<u> </u>	
OR Community & Southern Bank 9b. INDIVIDUAL'S SURNAME	FIRST PERS	ONAL NAME	ADDITIONAL NAME(S)/INITIA	L(S) SUFFIX	
10. OPTIONAL FILER REFERENCE DATA:					
772578					