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)					
		20150609000192170 1/2 \$ 00			
		Sne	iby Chty J	udge of Probat :55:39 AM FILE	_ ^.
Community & Southern Bank				OO. SO HM FILE	D/CERT
PO Box 280 Carrollton GA 30112					
		{			
				R FILING OFFICE	
n. INITIAL FINANCING STATEMENT FILE NUMBER 20140923000297410		1b. This FINANCING Store (or recorded) in the Filer: attach Amendme	REALESTATE	RECORDS	ed [for record] e Debtor's name in item 13
. TERMINATION: Effectiveness of the Financing Statement identi- Statement	ified above is terminat	ed with respect to the security	interest(s) of Se	cured Party authorizing	ng this Termination
ASSIGNMENT (full or partial): Provide name of Assignee in item For partial assignment, complete items 7 and 9 <u>and</u> also indicate a			ame of Assigno	r in item 9	
. CONTINUATION: Effectiveness of the Financing Statement ide continued for the additional period provided by applicable law	entified above with res	pect to the security interest(s) o	of Secured Party	authorizing this Conf	tinuation Statement is
PARTY INFORMATION CHANGE:					
Check one of these two boxes.	Check <u>one</u> of these thre — CHANGE name and	ee boxes to: d/or address: Complete tem 7a or 7b <u>and</u> item 7c7a	D name: Comple	ete item DELETE r	name: Give record name
This Change affects Debtor or Secured Party of record CURRENT RECORD INFORMATION: Complete for Party Informat			or 7b, <u>and</u> item 7	c to be dele	ted in item 6a or 6b
6a. ORGANIZATION'S NAME	tion Onlings - provide s	only one name (oa or ob)			
ADAMS HOMES LLC, an Alabama l	imited liabil	ity company 3000	Gulf Br	eeze Parkwa	ay Gulf Breez
_		ity company 3000 sonal name		eeze Parkwa	
6b. INDIVIDUAL'S SURNAME	FIRST PER	SONAL NAME	ADDITIO	NAL NAME(S)/INITIAL	_(S) SUFFIX
6b. INDIVIDUAL'S SURNAME	FIRST PER	SONAL NAME	ADDITIO	NAL NAME(S)/INITIAL	_(S) SUFFIX
6b. INDIVIDUAL'S SURNAME CHANGED OR ADDED INFORMATION: Complete for Assignment or Pa. 7a. ORGANIZATION'S NAME	FIRST PER	SONAL NAME	ADDITIO	NAL NAME(S)/INITIAL	_(S) SUFFIX
6b. INDIVIDUAL'S SURNAME CHANGED OR ADDED INFORMATION: Complete for Assignment or Pa 7a. ORGANIZATION'S NAME	FIRST PER	SONAL NAME	ADDITIO	NAL NAME(S)/INITIAL	_(S) SUFFIX
6b. INDIVIDUAL'S SURNAME CHANGED OR ADDED INFORMATION: Complete for Assignment or Pa. 7a. ORGANIZATION'S NAME	FIRST PER	SONAL NAME	ADDITIO	NAL NAME(S)/INITIAL	_(S) SUFFIX
CHANGED OR ADDED INFORMATION: Complete for Assignment or Particle 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME	FIRST PER	SONAL NAME	ADDITIO	NAL NAME(S)/INITIAL	_(S) SUFFIX
CHANGED OR ADDED INFORMATION: Complete for Assignment or Partial Organization's NAME 7b INDIVIDUAL'S SURNAME	FIRST PER	SONAL NAME	ADDITIO	NAL NAME(S)/INITIAL	_(S) SUFFIX
6b. INDIVIDUAL'S SURNAME CHANGED OR ADDED INFORMATION: Complete for Assignment or Pa 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	FIRST PER	SONAL NAME	ADDITIO	mit, modify, or abbreviate an	SUFFIX SUFFIX SUFFIX
CHANGED OR ADDED INFORMATION: Complete for Assignment or Pa 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	FIRST PER	SONAL NAME	ADDITIO	NAL NAME(S)/INITIAL	SUFFIX ny part of the Debtor's name)
CHANGED OR ADDED INFORMATION: Complete for Assignment or Pa 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) MAILING ADDRESS	FIRST PER	SONAL NAME	ADDITIO	mit, modify, or abbreviate and	SUFFIX SUFFIX COUNTRY
6b. INDIVIDUAL'S SURNAME CHANGED OR ADDED INFORMATION: Complete for Assignment or Pa 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME	FIRST PER	SONAL NAME	ADDITIO	mit, modify, or abbreviate an	SUFFIX SUFFIX COUNTRY
CHANGED OR ADDED INFORMATION: Complete for Assignment or Pa 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) MAILING ADDRESS COLLATERAL CHANGE: Also check one of these four boxes:	FIRST PER	SONAL NAME	ADDITIO	mit, modify, or abbreviate and	SUFFIX SUFFIX COUNTRY
CHANGED OR ADDED INFORMATION: Complete for Assignment or Pa 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) MAILING ADDRESS COLLATERAL CHANGE: Also check one of these four boxes:	FIRST PER	SONAL NAME	ADDITIO	mit, modify, or abbreviate and	SUFFIX SUFFIX COUNTRY
CHANGED OR ADDED INFORMATION: Complete for Assignment or Pa 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) MAILING ADDRESS COLLATERAL CHANGE: Also check one of these four boxes:	FIRST PER	SONAL NAME	ADDITIO	mit, modify, or abbreviate and	SUFFIX SUFFIX COUNTRY
CHANGED OR ADDED INFORMATION: Complete for Assignment or Pa 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) MAILING ADDRESS COLLATERAL CHANGE: Also check one of these four boxes:	FIRST PER	SONAL NAME	ADDITIO	mit, modify, or abbreviate and	SUFFIX SUFFIX COUNTRY
CHANGED OR ADDED INFORMATION: Complete for Assignment or Pa 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) MAILING ADDRESS COLLATERAL CHANGE: Also check one of these four boxes:	FIRST PER	SONAL NAME	ADDITIO	mit, modify, or abbreviate and	SUFFIX SUFFIX COUNTRY
CHANGED OR ADDED INFORMATION: Complete for Assignment or Pa 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) MAILING ADDRESS COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral:	CITY ADD collateral THIS AMENDMENT	DELETE collateral T: Provide only one name (9a or	ADDITIO	POSTAL CODE	SUFFIX SUFFIX COUNTRY ASSIGN collateral
CHANGED OR ADDED INFORMATION: Complete for Assignment or Pa 7a ORGANIZATION'S NAME 7b INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) MAILING ADDRESS COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral: NAME OF SECURED PARTY OF RECORD AUTHORIZING If this is an Amendment authorized by a DEBTOR, check here and	CITY ADD collateral	DELETE collateral T: Provide only one name (9a or	ADDITIO	POSTAL CODE	SUFFIX SUFFIX COUNTRY ASSIGN collateral
CHANGED OR ADDED INFORMATION: Complete for Assignment or Pa 7a ORGANIZATION'S NAME 7b INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral: NAME OF SECURED PARTY OF RECORD AUTHORIZING If this is an Amendment authorized by a DEBTOR, check here and and 9a. ORGANIZATION'S NAME	CITY ADD collateral THIS AMENDMENT	DELETE collateral T: Provide only one name (9a or	ADDITIO	POSTAL CODE	SUFFIX SUFFIX COUNTRY ASSIGN collateral
CHANGED OR ADDED INFORMATION: Complete for Assignment or Pa 7a ORGANIZATION'S NAME 7b INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) C. MAILING ADDRESS COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral: NAME OF SECURED PARTY OF RECORD AUTHORIZING If this is an Amendment authorized by a DEBTOR, check here and	CITY CITY THIS AMENDMENT provide name of authors	DELETE collateral T: Provide only one name (9a or	STATE STATE Per STATE STATE STATE	POSTAL CODE	SUFFIX SUFFIX COUNTRY ASSIGN collateral signment)

UCC FINANCING STATEMENT AMENDMENT ADDENDUM FOLLOW INSTRUCTIONS

11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as ite	m 1a on Amendment form		
20140923000297410			
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same a 12a. ORGANIZATION'S NAME	as item 9 on Amendment form		
OR 12b. INDIVIDUAL'S SURNAME		20150609000192170 2/2 \$.00 Shelby Cnty Judge of Proba	tο ΔΙ
12b. Hybrytboxe 3 Gottivalvie		06/09/2015 10:55:39 AM FILE	ED/CERT
FIRST PERSONAL NAME			
 			
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	THE A DOVE SDACE IS FOR EU INC OFFICE I	HEE ONLY
13. Name of DEBTOR on related financing statement (Name of a cu one Debtor name (13a or 13b) (use exact, full name; do not omit, modify			
13a ORGANIZATION'S NAME ADAMS HOMES LLC, an Alabama			Culf Rree
OR 13b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
15. This FINANCING STATEMENT AMENDMENT: Covers timber to be cut covers as-extracted collateral	17. Description is filed as a fixture filing	on of real estate:	