UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS		20150710000233160 07/10/2015 10:19:17 AM		
A. NAME & PHONE OF CONTACT AT FILER (options	al)		C6 1/1	TAT
Wendy Fields B. E-MAIL CONTACT AT FILER (optional)				
wfields@firstpartnersbank.com				
C. SEND ACKNOWLEDGMENT TO: (Name and Add	dress)		Filed and Recorded Official Public Records Judge James W. Fuhrmeister, Probate Judge,	
First Partners Bank			County Clerk Shelby County, AL 07/10/2015 10:19:17 AM	
2121 Highland Avenue		TARNS!	S.00 CHARITY 20150710000233160	with the
Birmingham, AL 35205				
a. INITIAL FINANCING STATEMENT FILE NUMBER			ENT AMENDMENT is to be filed for	
20140616000181990		(or recorded) in the REAL	ENT AMENDMENT is to be filed [for its state of the state	
. TERMINATION: Effectiveness of the Financing Statement	etement identified above is terminated v			
ASSIGNMENT (full or partial): Provide name of Ass For partial assignment, complete items 7 and 9 and a			Assignor in item 9	<u></u>
. CONTINUATION: Effectiveness of the Financing scontinued for the additional period provided by applic	•	t to the security interest(s) of Secu	red Party authorizing this Continuation	n Statement is
PARTY INFORMATION CHANGE:				
Check one of these two boxes:	AND Check one of these three b		-	
This Change affects Debtor or Secured Party of re	cord CHANGE name and/or item 6a or 6b; <u>and</u> item	address: Complete 7a or 7b <u>and</u> item 7c7a or 7b, ;	e: Complete item DELETE name: and item 7c to be deleted in it	Give record name tem 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for	Party Information Change - provide only	one name (6a or 6b)		
6a. ORGANIZATION'S NAME	Party Information Change - provide only	one name (6a or 6b)		
6a. ORGANIZATION'S NAME Bent Tree, LLC	Party Information Change - provide only FIRST PERSO		ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
Bent Tree, LLC 6b. INDIVIDUAL'S SURNAME	FIRST PERSO	NAL NAME		
6a. ORGANIZATION'S NAME Bent Tree, LLC 6b. INDIVIDUAL'S SURNAME	FIRST PERSO	NAL NAME		
Bent Tree, LLC 6b. INDIVIDUAL'S SURNAME 7. CHANGED OR ADDED INFORMATION: Complete for 7a. ORGANIZATION'S NAME	FIRST PERSO	NAL NAME		
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