UCC FINANCING STATEMENT AMENDME	=NT				
FOLLOW INSTRUCTIONS	_1 				
A. NAME & PHONE OF CONTACT AT FILER (optional) Clayton T. Sweeney, (205) 871-8855					
B. E-MAIL CONTACT AT FILER (optional)					
C. SEND ACKNOWLEDGMENT TO: (Name and Address)					
Clayton T. Sweeney		2015072700025 Shelby Cnty J	6540 1/	\$31.00	
Attorney At Law	i	07/27/2015 02	_	•	
2700 Highway 280 East Suite 160 Birmingham, AL 35223					
		THE ABOVE SD	A CE 18 EC	R FILING OFFICE USE	און אַ
1a. INITIAL FINANCING STATEMENT FILE NUMBER		1b. 7 This FINANCING STATE	EMENT AM	ENDMENT is to be filed [for	
20061024000523590		Filer: <u>attach</u> Amendment A	ddendum (Fo	rm UCC3Ad) <u>and</u> provide Debto	r's name in item 13
2. TERMINATION: Effectiveness of the Financing Statement identified Statement	above is terminated v	vith respect to the security inter	est(s) of Se	cured Party authorizing this	rermination
3. ASSIGNMENT (full or partial): Provide name of Assignee in item 7a For partial assignment, complete items 7 and 9 and also indicate affect	or 7b, <u>and</u> address of ted collateral in item (f Assignee in item 7c <u>and</u> name	of Assigno	r in item 9	
4. CONTINUATION: Effectiveness of the Financing Statement identified continued for the additional period provided by applicable law	ed above with respect	to the security interest(s) of Se	ecured Party	authorizing this Continuation	n Statement is
5. PARTY INFORMATION CHANGE:	ck <u>one</u> of these three b	oxes to	· · · · · · · · · · · · · · · · · · ·		
		address: Complete — ADD na	ame: Compl b, <u>and</u> item 7	ete item DELETE name: 'c lto be deleted in i	Give record name tem 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Information					
Polo Farms Investments, L.L.C.					
6b. INDIVIDUAL'S SURNAME	FIRST PERSON	IAL NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFF		SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party In	formation Change - provide	only one name (7a or 7b) (use exact, full	name; do not o	mit, modify, or abbreviate any part of	the Debtor's name)
7a. ORGANIZATION'S NAME		······································			
OR 7b. INDIVIDUAL'S SURNAME	<u> </u>		•••		
INDIVIDUAL'S FIRST PERSONAL NAME	<u></u>				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				·- -	SUFFIX
				Incorta cons	COLINTOV
7c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
8. COLLATERAL CHANGE: Also check one of these four boxes:	ADD collateral	DELETE collateral	RESTATE	covered collateral A	SSIGN collatera
Indicate collateral:	- -				
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING TH			(name of As	ssignor, if this is an Assignme	nt)
If this is an Amendment authorized by a DEBTOR, check here and pro-	vide name of authorizing	ig Deptor	_		<u></u>
The Crossings Investment Co., LLC		<u> </u>		AND ALABETTON OF USE A CONT.	TOUTEN
9b INDIVIDUAL'S SURNAME	FIRST PERSON	NAL NAME	ADDITIO)NAL NAME(S)/INITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA:	<u> </u>				<u> </u>