UCC FINANCING STATEMENT AMENI FOLLOWINSTRUCTIONS	OMENT				
A. NAME & PHONE OF CONTACT AT FILER (optional) Cristy Bohannon 678-839-4476				00260840 1/1 \$.00 ty Judge of Probate, AL	
B. E-MAIL CONTACT AT FILER (optional) cristy.bohannon@myCSBonline.com				5 10:58:32 AM FILED/CERT	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)					
Community & Southern Bank PO Box 280 Carrollton GA 30112					
				NE 10 EOD EU 1440 OPPIOE 110E 4	5.41.3 7
1a. INITIAL FINANCING STATEMENT FILE NUMBER 20140310000066430		11	O. This FINANCING STATEM (or recorded) in the REAL	ENT AMENDMENT is to be filed [for ESTATE RECORDS endum (Form UCC3Ad) and provide Debto	record]
2. TERMINATION: Effectiveness of the Financing Statement identifications.	entified above is ter	rminated wit	th respect to the security interes	t(s) of Secured Party authorizing this	Termination
3. ASSIGNMENT (full or partial): Provide name of Assignee in For partial assignment, complete items 7 and 9 and also indica			Assignee in item 7c <u>and</u> name of	f Assignor in item 9	
4. CONTINUATION: Effectiveness of the Financing Statement continued for the additional period provided by applicable law	identified above wi	th respect t	o the security interest(s) of Secu	red Party authorizing this Continuation	n Statement is
5. PARTY INFORMATION CHANGE: Check one of these two boxes: This Change affects Debtor or Secured Party of record 6. CURRENT RECORD INFORMATION: Complete for Party Infor 6a. ORGANIZATION'S NAME ADAMS HOMES, LLC, an Alabam	mation Change - pro	ne and/or ad and item 7a ovide only <u>or</u>	dress: Complete ADD nam or 7b <u>and</u> item 7c 7a or 7b, j ne name (6a or 6b)	e: Complete item DELETE name: and item 7c to be deleted in i	Give record name tem 6a or 6b
OR 6b. INDIVIDUAL'S SURNAME		T PERSONA		ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment of Ta. ORGANIZATION'S NAME OR TO INDIVIDUAL'S SURNAME	or Party Information Chan	ge - provide on	ly <u>one</u> name (7a or 7b) (use exact, full nar	me; do not omit, modify, or abbreviate any part o	the Debtor's name)
7a. ORGANIZATION'S NAME OR 7b. INDIVIDUAL'S SURNAME	or Party Information Change	ge - provide on	ly <u>one</u> name (7a or 7b) (use exact, full nar	me; do not omit, modify, or abbreviate any part o	the Debtor's name)
7a. ORGANIZATION'S NAME	or Party Information Change	ge - provide on	ly <u>one</u> name (7a or 7b) (use exact, full nar	me; do not omit, modify, or abbreviate any part o	the Debtor's name)
7a. ORGANIZATION'S NAME OR 7b. INDIVIDUAL'S SURNAME	or Party Information Change	ge - provide on	ly <u>one</u> name (7a or 7b) (use exact, full nar	me; do not omit, modify, or abbreviate any part o	the Debtor's name) SUFFIX
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME	CITY	ge - provide on	ly <u>one</u> name (7a or 7b) (use exact, full nar	state Postal Code	
7a. ORGANIZATION'S NAME OR 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	CITY			STATE POSTAL CODE	SUFFIX
7a. ORGANIZATION'S NAME OR 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS 8. COLLATERAL CHANGE: Also check one of these four boxes Indicate collateral: 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING this is an Amendment authorized by a DEBTOR, check here	CITY s: ADD collate	eral	DELETE collateral R	STATE POSTAL CODE ESTATE covered collateral	SUFFIX COUNTRY
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS 8. COLLATERAL CHANGE: Also check one of these four boxes Indicate collateral:	CITY s: ADD collate	eral	DELETE collateral R	STATE POSTAL CODE ESTATE covered collateral	SUFFIX COUNTRY

10. OPTIONAL FILER REFERENCE DATA:

772109 & 772110 Shelby Cty AL