FOLLOW INSTRUCTIONS  A NAME & PHONE OF CONTACT AT FILER (actional)	ENT				
A. NAME & PHONE OF CONTACT AT FILER (optional)  Pam Flynn 678-839-4428			282400029	2990 1/2 \$.00	
B. E-MAIL CONTACT AT FILER (optional)	<u> </u>		<b>^</b> •∪	Indge OI Probate	, AL //CERT
pamela.flynn@myCSBonline.com		08/2	4/2015 1	1:14:19 AM FILED	,, QL,,,
C. SEND ACKNOWLEDGMENT TO: (Name and Address)					
Community & Southern Bank PO Box 280 Carrollton GA 30112					
		THE ABOVE SI	DACE IS EC	R FILING OFFICE US	SE ON! Y
1a. INITIAL FINANCING STATEMENT FILE NUMBER 20141204000381810		1b. This FINANCING STAT	EMENT AME	NDMENT is to be filed	for record)
2. TERMINATION: Effectiveness of the Financing Statement identified Statement	d above is terminated				<del>, , , , , , , , , , , , , , , , , , , </del>
3. ASSIGNMENT (full or partial): Provide name of Assignee in item 78 For partial assignment, complete items 7 and 9 and also indicate affective.	a or 7b, <u>and</u> address cted collateral in item	of Assignee in item 7c <u>and</u> nam n 8	e of Assignor	in item 9	
4. CONTINUATION: Effectiveness of the Financing Statement identificant continued for the additional period provided by applicable law	ied above with respe	ct to the security interest(s) of S	ecured Party	authorizing this Continu	ation Statement is
LARCK ODE OF BURNETWO DUXEN	Change - provide only	r address: Complete n 7a or 7b <u>and</u> item 7c 7a or 7 y <u>one</u> name (6a or 6b)		te item DELETE nan to be deleted	
6b. INDIVIDUAL'S SURNAME	FIRST PERSO			NAL NAME(S)/INITIAL(S	
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party In Tal. ORGANIZATION'S NAME	nformation Change - provide	e only <u>one</u> name (7a or 7b) (use exact, ful	I name; do not or	nit, modify, or abbreviate any p	art of the Debtor's name)
OR 75. INDIVIDUAL'S SURNAME		· - · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	<u></u>
INDIVIDUAL'S FIRST PERSONAL NAME			<del></del>	·,· - ;- ··	
	<del></del>	<del>,- , , , , , , , , , , , , , , , , , , </del>	<del></del>	<u> </u>	SUFFIX
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				•	[·
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  7c. MAILING ADDRESS	CITY	<u> </u>	STATE	POSTAL CODE	COUNTRY
7c. MAILING ADDRESS	CITY  ADD collateral	DELETE collateral	1	POSTAL CODE	
7c. MAILING ADDRESS  8. COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral:	ADD collateral		RESTATE	overed collateral	ASSIGN collatera
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 and profile.	ADD collateral	Provide only <u>one</u> name (9a or 9b)	RESTATE	overed collateral	ASSIGN collatera
7c. MAILING ADDRESS  8. COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral:  9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THE If this is an Amendment authorized by a DEBTOR, check here and pro	ADD collateral  IS AMENDMENT:	Provide only <u>one</u> name (9a or 9b) ing Debtor	(name of Ass	overed collateral	ASSIGN collatera

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	UCC FINANCING STATEMENT AMENDMENT ADDENDUM FOLLOW INSTRUCTIONS				20150824000292990 2/2 \$.00			
11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form $20141204000381810$			Shelb	y Cnty Judge of Probate /2015 11:14:19 AM FILED				
12.	12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form			06724	/2015 11.14.15 MIT 12EE			
	12a. ORGANIZATION'S NAME							
OR								
	12b. INDIVIDUAL'S SURNAME							
	FIRST PERSONAL NAME							
	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX	THE ABOVE	E SPACE IS FOR FILING OFFIC	E USE ONLY		
13.	Name of DEBTOR on related financing statement (Name of a one Debtor name (13a or 13b) (use exact, full name; do not omit, mo			g purposes only in	some filing offices - see Instruction it			
	13a. ORGANIZATION'S NAME ADAMS HOMES LLC, an Alabama	a limited liab	oility compa	ny 3000 G	Fulf Breeze Parkway	Gulf Bree		
OR	13b. INDIVIDUAL'S SURNAME	FIRST P	PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX		
	ADDITIONAL SPACE FOR ITEM 8 (Collateral):		<del> </del>	<del>- :</del>		<u></u>		
5 T	his FINANCING STATEMENT AMENDMENT:			<del> </del>				
т. Г		_	17. Description	of real estate:				
6. N	covers timber to be cut covers as-extracted collateral ame and address of a RECORD OWNER of real estate described in it Debtor does not have a record interest):	is filed as a fixture tem 17		of real estate:				
[6. N	covers timber to be cut covers as-extracted collateral ame and address of a RECORD OWNER of real estate described in i			of real estate:				
[6. N	covers timber to be cut covers as-extracted collateral ame and address of a RECORD OWNER of real estate described in i			of real estate:				

18. MISCELLANEOUS:

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