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UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

| A. NAME & PHONE OF CONTACT AT CORPORATION Service Com | |
|---|-------------------|
| B. E-MAIL CONTACT AT FILER (option SPRFiling@cscinfo.com | onal) |
| C. SEND ACKNOWLEDGMENT TO: 107533238 - 358370 Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703 | Filed In: Alabama |
| | (Shelby) |

| 201511130 | 00393520 1/1 | \$.00 |
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Shelby Cnty Judge of Probate, AL 11/13/2015 10:31:20 AM FILED/CERT

| C . : | SEND ACKNOWLEDGMENT TO: (Name and Address) | | | | | |
|--------------|--|---|--|--|---|-------------------------------|
| Γ | | | | | | |
| ı | Corporation Service Company | • | | | | |
| | 801 Adlai Stevenson Drive | | | | | |
| | | In: Alabama | | | | |
| | | (Shelby) | | | | |
| L | | | THE ABOVE | SPACE IS FO | R FILING OFFICE USE | ONLY |
| 1a. | INITIAL FINANCING STATEMENT FILE NUMBER | | 1b. This FINANCING S | TATEMENT AME | NDMENT is to be filed [for | record] |
| 20 | 130726000303960 07/26/2013 | | (or recorded) in the | | RECORDS m UCC3Ad) <u>and</u> provide Debto | x's name in item 13 |
| 2. [. | TERMINATION: Effectiveness of the Financing Statement identified ab | ove is terminated | | | | |
| L | Statement | | · · · · · · · · · · · · · · · · · · · | | | |
| 3. [| ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or | | | ame of Assignor | in item 9 | |
| <u></u> | For partial assignment, complete items 7 and 9 and also indicate affected | <u> </u> | | | | |
| 4. [| CONTINUATION: Effectiveness of the Financing Statement identified continued for the additional period provided by applicable law | above with respec | t to the security interest(s) o | of Secured Party | authorizing this Continuation | on Statement is |
| 5. | PARTY INFORMATION CHANGE: | | | | | |
| C | neck one of these two poxes. | one of these three b | | | | . |
| | CH/ | ANGE name and/or n 6a or 6b; <u>and</u> item | | DD name: Comple or 7b, <u>and</u> item 7d | | Give record name tem 6a or 6b |
| | CURRENT RECORD INFORMATION: Complete for Party Information Ch | ange - provide only | one name (6a or 6b) | | | |
| | 6a. ORGANIZATION'S NAMEPROPST ALABASTER, LLC | | . | | | |
| | , | | | | | |
| OR | 6b. INDIVIDUAL'S SURNAME | FIRST PERSO | NAL NAME | ADDITIO | NAL NAME(S)/INITIAL(S) | SUFFIX |
| | | | | | | |
| 7 (| CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Inform | nation Change - provide | only one name (7a or 7b) (use exact | t, full name; do not on | nit, modify, or abbreviate any part o | f the Debtor's name) |
| • • • | 7a. ORGANIZATION'S NAME | | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · | | |
| | | | | | | |
| OR | 7b. INDIVIDUAL'S SURNAME | | · · · · · · · · · · · · · · · · · · · | | | |
| | | | | | | |
| | INDIVIDUAL'S FIRST PERSONAL NAME | | | | | |
| | | | | | | |
| | INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) | | | | | SUFFIX |
| | INDIVIDUAL O'ABBITTOTTALE TOTALLE (O) | | | | | |
| 7c. | MAILING ADDRESS | CITY | ······································ | STATE | POSTAL CODE | COUNTRY |
| | | | | | | |
| <u>, F</u> | | | | <u> </u> | | |
| 8. [| | DD collateral | DELETE collateral | RESTATE c | overed collateral | ASSIGN collateral |
| | Indicate collateral: | | | | | |
| | | | | | | |

| | NAME OF SECURED PARTY OF RECORD AUTHORIZING this is an Amendment authorized by a DEBTOR, check here | NG THIS AMENDMENT: Provide only one name (9a and provide name of authorizing Debtor | or 9b) (name of Assignor, if this is an Assignmen | nt) |
|----|---|---|---|--------|
| | 9a. ORGANIZATION'S NAMESYNOVUS BANK | | | , |
| OR | 9b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |

10. OPTIONAL FILER REFERENCE DATA: Debtor: PROPST ALABASTER, LLC - WR 2203218

107533238