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## UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)			
Brandi Scott			
B. E-MAIL CONTACT AT FILER (optional)			
bscott@firstsouthland.com			
C. SEND ACKNOWLEDGMENT TO: (Name and Address)		•	
First South Farm Credit, ACA			
One Perimeter Park South Suite 100N			
Birmingham	AL	35243-	

SEND ACKNOWLEDGMENT TO: (Name and Address)	Shelby Cnty Jud	C 47 Dt4 D = -			
		9:47 PM FILED/CERT			
First South Farm Credit, ACA					
One Perimeter Park South Suite 100N					
Birmingham AL 35243-					
	THE ABOVE SPACE IS FO	THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY			
	This FINANCING STATEMENT AMENDA	MENT is to be filed [for record]			
1a. INITIAL FINANCING STATEMENT FILE NUMBER 20120621000219390 06/21/2012	1b. (or recorded) in the REAL ESTATE RECORDS  Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13				
TERMINATION: Effectiveness of the Financing Statement identified above Statement	e is terminated with respect to the security interest(s) of	Secured Party authorizing this Termina	ition		
ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, For partial assignment, complete items 7 and 9 and also indicate affected col		nor in item 9			
CONTINUATION: Effectiveness of the Financing Statement identified about continued for the additional period provided by applicable law	ove with respect to the security interest(s) of Secured Pa	arty authorizing this Continuation States	nent is		
5. PARTY INFORMATION CHANGE:					
Check <u>one</u> of these two boxes:  AND Check <u>one</u> of these two boxes:	these three boxes to:				
	ame and/or address: Complete ADD name: Cor 6b; and item 7a or 7b and item 7c 7a or 7b, and ite				
CURRENT RECORD INFORMATION: Complete for Party Information Chan		am /c L to be deleted in item e			
6a. ORGANIZATION'S NAME			<u></u>		
OR 6b. INDIVIDUAL'S SURNAME	IRST PERSONAL NAME	ADDITIONAL NAME (S)/INITIAL(S	SUFFIX		
	Leslie	Adams	Jr		
OR 7b. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME (S)/INITIAL(S)			SUFFIX		
c. MAILING ADDRESS	HTY	STATE POSTAL CODE	COUNTRY		
			U.S.A.		
COLLATERAL CHANGE: Also check one of these four boxes: ADD Indicate collateral:	collateral DELETE collateral RESTA	TE covered collateral ASSIG	N collateral		
NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AN If this is an Amendment authorized by a DEBTOR, check hereand	MENDMENT: Provide only <u>one</u> name (9a or 9b) I provide name of authorizing Debtor	(name of Assignor, if this is an A	ssignment)		
NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AM If this is an Amendment authorized by a DEBTOR, check here and an ORGANIZATION'S NAME	MENDMENT: Provide only <u>one</u> name (9a or 9b) by provide name of authorizing Debtor	(name of Assignor, if this is an A	ssignment)		
If this is an Amendment authorized by a DEBTOR, check hereand	MENDMENT: Provide only <u>one</u> name (9a or 9b) provide name of authorizing Debtor  as agent/nominee	(name of Assignor, if this is an A	ssignment)		
If this is an Amendment authorized by a DEBTOR, check hereand 9a ORGANIZATION'S NAME First South Farm Credit, ACA	provide name of authorizing Debtor	(name of Assignor, if this is an A	ssignment)		