UCC FINANCING STATEMENT AMENI					
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FOLLOWINSTRUCTIONS	JIVIEIV I				
A. NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858	-5294				
B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscinfo.com					
C. SEND ACKNOWLEDGMENT TO: (Name and Address)					
110979166 - 347950				\$31.00	
Prepared By:				₩ =	
Corporation Service Company 801 Adlai Stevenson Drive	Filed In: Alabama	Shelby Cnty Jud 01/29/2016 01:3	19e of 1 37:55 Pl	1 FILED/CERT	
Springfield, IL 62703-4261	(Shelby)				
				R FILING OFFICE US	
1a. INITIAL FINANCING STATEMENT FILE NUMBER 20110624000185520 6/24/2011		1b. This FINANCING STATE (or recorded) in the REAL Filer: attach Amendment Additional States (attach A	LESTATE	RECORDS	
2. TERMINATION: Effectiveness of the Financing Statement id Statement	entified above is terminated				
3. ASSIGNMENT (full or partial): Provide name of Assignee in For partial assignment, complete items 7 and 9 <u>and</u> also indica			of Assignor	in item 9	
4. CONTINUATION: Effectiveness of the Financing Statement continued for the additional period provided by applicable law	identified above with respec	t to the security interest(s) of Sec	ured Party	authorizing this Continu	ation Statement is
5. PARTY INFORMATION CHANGE:					- · · · · · · · · · · · · · · · · · · ·
Check one or these two boxes.	<u>D</u> Check <u>one</u> of these three be CHANGE name and/or		ne: Comple	ete item DELETE nan	ne: Give record name
This Change affects Debtor or Secured Party of record 5. CURRENT RECORD INFORMATION: Complete for Party Infor	item 6a or 6b; and item	7a or 7b <u>and</u> item 7c 7a or 7b,	and item 7	c to be deleted	in item 6a or 6b
6a. ORGANIZATION'S NAMEDonovan Builders LLC	mation Change - provide only	One name (oa or ob)	•		<u> </u>
6b. INDIVIDUAL'S SURNAME	FIRST PERSOI	NAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment of Ta. ORGANIZATION'S NAME	r Party Information Change - provide	only <u>one</u> name (7a or 7b) (use exact, full na	ame; do not or	nit, modify, or abbreviate any pa	art of the Debtor's name)
OR 7b. INDIVIDUAL'S SURNAME					
		· · · · · · · · · · · · · · · · · · ·			
INDIVIDUAL'S FIRST PERSONAL NAME					
				- 	
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) c. MAILING ADDRESS	CITY	· · · · · · · · · · · · · · · · · · ·	ISTATE	POSTAL CODE	SUFFIX

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