| LICO CINIA NICINIC CTATEMENT A RAEN | IDRAENIT | | | | |
|---|--|--|---------------------------------------|---|---------------------------------------|
| UCC FINANCING STATEMENT AMENT FOLLOW INSTRUCTIONS | ADIAICIA I | | | | |
| A. NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-85 | 58-5294 | | | | |
| B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscinfo.com | | | | | |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address) | | | | | |
| 111256083 - 347950 | | | | | |
| Corporation Service Company | • | 201602050000 | 38390 1 | /1 \$.00 ₁ | |
| 801 Adlai Stevenson Drive Springfield, IL 62703 | Filed In: Alabama | Shelby Cnty 02/05/2016 0 | Judge 0 1:47:04 | f Probate, AL PM FILED/CERT | |
| | (Shelby) | 02/00/22 | | | |
| 4- AUTIAL ENLIAGONO OTATEMENT EU S AU MADED | | | - | NOMENT is to be filed ifor | · · · · · · · · · · · · · · · · · · · |
| 1a. INITIAL FINANCING STATEMENT FILE NUMBER 20100714000223520 07/14/2010 | | b. This FINANCING STATEM (or recorded) in the REAL Filer, attach Amendment Add | ESTATE F | | |
| 2. TERMINATION: Effectiveness of the Financing Statement Statement | identified above is terminated w | | | | |
| ASSIGNMENT (full or partial): Provide name of Assignee For partial assignment, complete items 7 and 9 and also ind | | | of Assignor | in item 9 | |
| 4. CONTINUATION: Effectiveness of the Financing Statement Continued for the additional period provided by applicable la | ent identified above with respect | | ured Party | authorizing this Continuation | on Statement is |
| | ** | · | | | |
| 5. PARTY INFORMATION CHANGE: Check one of these two boxes: | AND Check one of these three bo | | | | |
| This Change affects Debtor or Secured Party of record | CHANGE name and/or additem 7 | ddress: Complete a or 7b <u>and</u> item 7c 7a or 7b, | ne: Complet <u>and</u> item 7d | te itemDELETE name: to be deleted in i | Give record name item 6a or 6b |
| 6. CURRENT RECORD INFORMATION: Complete for Party In | formation Change - provide only g | one name (6a or 6b) | · · · · · · · · · · · · · · · · · · · | | · |
| 6a. ORGANIZATION'S NAMEGARR, LLC | | | | | |
| OR 6b. INDIVIDUAL'S SURNAME | FIRST PERSON. | RSONAL NAME ADDITIONAL NAME(S)/INIT | | NAL NAME(S)/INITIAL(S) | SUFFIX |
| 7. CHANGED OR ADDED INFORMATION: Complete for Assignment | nt or Party Information Change - provide o | nly <u>one</u> name (7a or 7b) (use exact, full na | me; do not om | nit, modify, or abbreviate any part o | f the Debtor's name) |
| 7a. ORGANIZATION'S NAME | | | | | |
| OR 7b. INDIVIDUAL'S SURNAME | . <u>.</u> | | | ···· | |
| 7 D. HADI VIDONE O CONTRANCE | | | | | |
| INDIVIDUAL'S FIRST PERSONAL NAME | | | | - | |
| | | | | | Lauren |
| INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) | | | | | SUFFIX |
| 7c. MAILING ADDRESS | CITY | | STATE | POSTAL CODE | COUNTRY |
| | | | | | |
| 8. COLLATERAL CHANGE: Also check one of these four bo | xes: ADD collateral | DELETE collateral R | RESTATE C | overed collateral / | ASSIGN collateral |
| Indicate collateral: | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 9. NAME OF SECURED PARTY OF RECORD AUTHORI. | ZING THIS AMENDMENT P | rovide only one name (9a or 9b) (n | name of Ass | ignor, if this is an Assignme | ent) |
| If this is an Amendment authorized by a DEBTOR, check here | | - | VI /\33 | | •••• |
| 9a. ORGANIZATION'S NAME ServisFirst Bank | | | | | |
| OR 9b. INDIVIDUAL'S SURNAME | FIRST PERSONA | AL NAME | ADDITION | IAL NAME(S)/INITIAL(S) | SUFFIX |
| | | | | - · · · · · · · · · · · · · · · · · · · | |
| 10. OPTIONAL FILER REFERENCE DATA: Debtor: GAR | R, LLC - 11717 | | <u> </u> | | 44405000 |
| | | | | | 11125608 |