UCC FINANCING STATEMENT AMENT FOLLOW INSTRUCTIONS	IDMENT	201602150000 Shelby Cnty	047130 1/1 \$31.00 Judge of Probate: AL	
A. NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-85	8-5294	02/15/2016	11:06:46 AM FILED/CERT	
B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscinfo.com	·			
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	 .			
111650283 - 347950				
Prepared By: Corporation Service Company				
801 Adlai Stevenson Drive	Filed In: Alabama			
Springfield, IL 62703-4261	(Shelby)	THE ABOVE SPA	CE IS FOR FILING OFFICE USE	ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER 20110708000198430 7/8/2011		(or recorded) in the REAL	MENT AMENDMENT is to be filed [for ESTATE RECORDS dendum (Form UCC3Ad) and provide Debte	
TERMINATION: Effectiveness of the Financing Statement Statement	identified above is terminated			
ASSIGNMENT (full or partial): Provide name of Assignee For partial assignment, complete items 7 and 9 and also indi			of Assignor in item 9	
4. CONTINUATION: Effectiveness of the Financing Statement continued for the additional period provided by applicable law		t to the security interest(s) of Sec	cured Party authorizing this Continuation	on Statement is
5. PARTY INFORMATION CHANGE:				
Check <u>one</u> of these two boxes: This Change affects Debtor <u>or</u> Secured Party of record	AND Check one of these three b		ne: Complete item DELETE name: and item 7c to be deleted in i	Give record name
6. CURRENT RECORD INFORMATION: Complete for Party In			<u>and</u> item /cto be deleted in i	item oa or ob
6a. ORGANIZATION'S NAMERusert Homes, LLC				
6b. INDIVIDUAL'S SURNAME	FIRST PERSO	VAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignme 7a. ORGANIZATION'S NAME	nt or Party Information Change - provide	only <u>one</u> name (7a or 7b) (use exact, full na	ame; do not omit, modify, or abbreviate any part o	f the Debtor's name)
OR 7b. INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME			<u></u>	
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 box	xes: ADD collateral	DELETE collateral F	RESTATE covered collateral	ASSIGN collateral
Indicate collateral:	ACCACC.COMMETCAGE		COTATE GOVERGE COllectors.	AGGICIA COMARCIAN
O NAME OF SECURED DARTY OF DECORD AND TO	71NIO 71110 A LICELOCACIO			
9. NAME OF SECURED PARTY OF RECORD AUTHORIZED If this is an Amendment authorized by a DEBTOR, check here	ZING THIS AMENDMENT: F and provide name of authorizing		name of Assignor, if this is an Assignme	ent)
9a. ORGANIZATION'S NAME ServisFirst Bank	——————————————————————————————————————			
OR 9b. INDIVIDUAL'S SURNAME	FIRST PERSON	NAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

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10. OPTIONAL FILER REFERENCE DATA: 13519-13524