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Shelby Chty Judge of Probate: AL

	C FINANCING STATEMENT AMENUM LOWINSTRUCTIONS	AEN I		02/15/ 2 0	16 11	: 08 : 31	AM FILED/CER			
A. 1	NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858-52	294								
В. Б	E-MAIL CONTACT AT FILER (optional)		· · · · · · · · · · · · · · · · · · ·							
	SPRFiling@cscinfo.com									
C. S	SEND ACKNOWLEDGMENT TO: (Name and Address)									
Ī	111650276 - 347950									
	Prepared By:									
	Corporation Service Company									
	•	Filed In:	Alabama							
	Springfield, IL 62703-4261		(Shelby)							
							R FILING OFFICE			
	NITIAL FINANCING STATEMENT FILE NUMBER 110708000198470 7/8/2011			1b. This FINANCING Someonded (or recorded) in the Filer: attach Amendo	G VEVE :	SINIE	NDMENT is to be file RECORDS m UCC3Ad) <u>and</u> provid			
2.	TERMINATION: Effectiveness of the Financing Statement identification Statement	ied above	is terminated v	vith respect to the security	, interest	(s) of Sec	ured Party authorizi	ng this T	ermination	
3.	ASSIGNMENT (full or partial): Provide name of Assignee in item For partial assignment, complete items 7 and 9 and also indicate af				name of	Assignor	in item 9			
4.	CONTINUATION: Effectiveness of the Financing Statement iden continued for the additional period provided by applicable law	ntified abo	ve with respect	to the security interest(s)	of Secu	red Party	authorizing this Con	tinuation	Statement is	
5.	PARTY INFORMATION CHANGE:							المنابط برجوج والمساوي		
•			of these three be							
	his Change affects Debtor or Secured Party of record	☐ CHANG	SE name and/or a or 6b: and item :	address: Complete 7a or 7b <u>and</u> item 7c	NDD name 'a or 7b, a	 Comple Ind item 7 	te itemDELETE	name: G eted in ite	Sive record name em 6a or 6b	
	URRENT RECORD INFORMATION: Complete for Party Information									
	6a. ORGANIZATION'S NAMERusert Homes, LLC	<u> </u>	<u> </u>	<u> </u>	•	· - · · ·			<u> </u>	
OR	6b. INDIVIDUAL'S SURNAME		FIRST PERSON	NAL NAME		ADDITIO	NAL NAME(S)/INITIA	L(S)	SUFFIX	
7 (CHANGED OR ADDED INFORMATION: Complete for Assignment or Part	h. Informatio	n Change - provide	only one name (7a or 7h) (use eva	act full nam	e: do not on	nit modify or abbreviate a	ny nart of t	he Dehtor's name)	
	7a. ORGANIZATION'S NAME	ty imormatio	ir Change - provide	only one name (74 or 75) (use exe	act, rail trail	ic, dd 110t dii	nt, mount, or abbicance	- Part or to	ine Debtor a manne)	
OR 7b. INDIVIDUAL'S SURNAME										
	INDIVIDUAL'S FIRST PERSONAL NAME									
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 boxes:		collateral	DELETE collateral	RE	STATE c	overed collateral	☐ A5	SSIGN collateral	
٠. ر_	Indicate collateral:		oonatora.	L					JOIOIT COMMENCIA	
	marcate conditions.									
-										
9. N	IAME OF SECURED PARTY OF RECORD AUTHORIZING T	THIS AM	ENDMENT F	Provide only one name (9a /	or 9h) (na	me of Ass	signor if this is an As	sianmen	t)	
			me of authorizing		/ (116	🕶 7 101	ge., 11 tille 19 till 173		-,	
	9a. ORGANIZATION'S NAME Servis First Bank									
OR	9b. INDIVIDUAL'S SURNAME		FIRST PERSON	IAL NAME		ADDITIO	NAL NAME(S)/INITIA	L(S)	SUFFIX	

111650276

10. OPTIONAL FILER REFERENCE DATA: 13519-13524