#346 ^{C1}					
UCC FINANCING STATEMENT AMENDME	ENT				
FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional]	<u>-</u>				
Sandi Martinez 561-433-0233					
B. SEND ACKNOWLEDGMENT TO: (Name and Address)					
Florida Business Development Corporation		######################################			
6801 Lake Worth Road, Suite 209		20160216000048130 1/1 \$31 00			
Lake Worth, FL 33467		20160216000048130 1/1 \$31.00 Shelby Cnty Judge of Probate, AL			
		02/16/2016 1	0:57:59 AM FILED/CER	- > T	
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		THE ABOVE SE	PACE IS FOR FILING OFFI	CELISE ONLY	
a. INITIAL FINANCING STATEMENT FILE #			1b. This FINANCING STA	TEMENT AMENDMENT is	
20110511000140680			to be filed [for record] REAL ESTATE RECO	RDS.	
TERMINATION: Effectiveness of the Financing Statement identified about CONTINUATION: Effectiveness of the Financing Statement identified					
CONTINUATION: Effectiveness of the Financing Statement identified continued for the additional period provided by applicable law.	above with respect to security inte	erest(s) of the Secure	ed Party authorizing this Continu	lation Statement is	
ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b a	and address of assignee in item 7c;	; and also give name o	of assignor in item 9.		
. AMENDMENT (PARTY INFORMATION): This Amendment affects	-d	record. Check only	one of these two boxes.		
Also check one of the following three boxes and provide appropriate information CHANGE name and/or address: Give current record name in item 6a or 6b	also give new	ame: Give record nar	me	e item 7a or 7b, and also	
name (if name change) in item 7a or 7b and/or new address (if address change). CURRENT RECORD INFORMATION:		ed in item 6a or 6b.		e items 7d-7g (if applicable)	
6a. ORGANIZATION'S NAME					
Birmingham Hotels I, LLC 6b. INDIVIDUAL'S LAST NAME FIRST NAME			TAKE OF STANKE	······································	
TOUR WEST TOURS	I INSTINANTE		MIDDLE NAME	SUFFIX	
. CHANGED (NEW) OR ADDED INFORMATION:		<u> </u>			
7a. ORGANIZATION'S NAME			· · · · · · · · · · · · · · · · · · ·		
7b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE NAME	SUFFIX	
				JOHN	
ILING ADDRESS CITY			STATE POSTAL CODE	COUNTRY	
ADDILINEO DE 17º TYDE OF ODCANIZATION	76 11 10 10 10 10 10 10 10 10 10 10 10 10			<u> </u>	
ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	7f. JURISDICTION OF ORG	SANIZATION	7g. ORGANIZATIONAL ID #	t, if any	
AMENDMENT (COLLATERAL CHANGE): check only one box.	· · · · · · · · · · · · · · · · · · ·	 		NONE	
Describe collateral deleted or added, or give entire restated colla	ateral description, or describe coll	lateral assigned			
	•		•		
NAME OF SECURED BARTY OF DECORD ALTHOUGH AND		.	······································		
NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS A adds collateral or adds the authorizing Debtor, or if this is a Termination authorized	AMENDMENT (name of assignor, zed by a Debtor, check here 🔲 ar	r, if this is an Assignment and enter name of DEI	ent). If this is an Amendment aut BTOR authorizing this Amendme	horized by a Debtor which	
9a. ORGANIZATION'S NAME		······································			
U.S. Small Business Administration c/o FBDC 6801		te 209 Lake W	orth, FL 33467		
9b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE NAME	SUFFIX	
OPTIONAL FILER REFERENCE DATA			····		
BA Loan #3379995003					
					