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CC FINANCING STATEMENT AME	ENDMENT			1	
NAME & PHONE OF CONTACT AT FILER (optional)					
JONI HORTON 337-560-7184  E-MAIL CONTACT AT FILER (optional)					
JONI.HORTON@IBERIABANK.COM					
SEND ACKNOWLEDGMENT TO: (Name and Addres	is)				
IBERIABANK PO BOX 12440		20160418000126190 1/1 \$.00 Shelby Cnty Judge of Probate, AL 04/18/2016 12:22:47 PM FILED/CERT			
PO BOX 12440 NEW IBERIA LA 70562-2440					
	1				
<del></del>		THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY			
a. INITIAL FINANCING STATEMENT FILE NUMBER 20030307000141420 3/7/03 Shelby County, AL		1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS			
TERMINATION: Effectiveness of the Financing Statem				m UCC3Ad) <u>and provide Del</u> cured Party authorizing th	
Statement			, ,		
ASSIGNMENT (full or partial): Provide name of Assign For partial assignment, complete items 7 and 9 and also			of Assignor	in item 9	
CONTINUATION: Effectiveness of the Financing State continued for the additional period provided by applicable		to the security interest(s) of Se	cured Party	authorizing this Continua	tion Statement
PARTY INFORMATION CHANGE:					
Check one of these two boxes:	AND Check one of these three bo	address: Complete ADD na	me: Comple		: Give record na
This Change affects Debtor or Secured Party of record  CURRENT RECORD INFORMATION: Complete for Party			o, <u>and</u> item 7	to be deleted in	n item 6a or 6b
6a. ORGANIZATION'S NAME		<u></u>			
MIRAGE PROPERTIES LLC  6b. INDIVIDUAL'S SURNAME	FIRST PERSON	IAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
				(-,	
CHANGED OR ADDED INFORMATION: Complete for Assign	nment or Party Information Change - provide of	only <u>one</u> name (7a or 7b) (use exact, full r	name; do not or	nit, modify, or abbreviate any par	t of the Debtor's nar
7b. INDIVIDUAL'S SURNAME				·····	··,
			<u></u>	· · · · · · · · · · · · · · · · · · ·	· - · · - · ·
INDIVIDUAL'S FIRST PERSONAL NAME					
		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · ·	·
INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				<u> </u>	SUFFIX
	CITY		STATE	POSTAL CODE	SUFFIX