UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS	NT			
A. NAME & PHONE OF CONTACT AT FILER (optional) Cristy Bohannon 678-839-4476		Shelby	2000189350 1/1 \$.00 Cnty Judge of Probate,	
B. E-MAIL CONTACT AT FILER (optional) cristy.bohannon@myCSBonline.com		06/02/2	2016 11:10:48 AM FILED/C	ERT
C. SEND ACKNOWLEDGMENT TO: (Name and Address)				
Community & Southern Bank PO Box 280				
Carrollton GA 30112				
		THE ABOVE SPA	CE IS FOR FILING OFFICE USE	ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER Instrument # 20150928000338130		Filer: <u>attach</u> Amendment Ade	MENT AMENDMENT is to be filed (for ESTATE RECORDS) dendum (Form UCC3Ad) <u>and</u> provide Deb	tor's name in item 1
 TERMINATION: Effectiveness of the Financing Statement identified about the Statement 	ove is terminated w	th respect to the security intere	st(s) of Secured Party authorizing th	is Termination
 ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or For partial assignment, complete items 7 and 9 and also indicate affected 		Assignee in item 7c <u>and</u> name o	of Assignor in item 9	
4. CONTINUATION: Effectiveness of the Financing Statement identified a continued for the additional period provided by applicable law	above with respect	o the security interest(s) of Sec	ured Party authorizing this Continua	tion Statement is
This Change affects Debtor or Secured Party of record Item 6. CURRENT RECORD INFORMATION: Complete for Party Information Cha 6a. ORGANIZATION'S NAME ADAMS HOMES, LLC, an Alabama limit 6b. INDIVIDUAL'S SURNAME	ange provide only <u>o</u>	e name (6a or 6b)	ne Complete item DELETE name and item 7c to be deleted in to be deleted in ADDITIONAL NAME(S)/INITIAL(S)	Give record nam
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Inform 7a ORGANIZATION'S NAME	nation Change - provide or	ly <u>one</u> name (7a or 7b) (use exact, full na	ame, do not omit, modify, or abbreviate any part	of the Debtor's name
76. INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME			· · · · · · · · · · · · · · · · · · ·	
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)			· · · · · · · · · · · · · · · · · · ·	SUFFIX
7c. MAILING ADDRESS	CITY		STATE POSTAL CODE	COUNTRY
Indicate collateral: 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS A lf this is an Amendment authorized by a DEBTOR, check here and provide	AMENDMENT: Programme of authorizing	vide only <u>one</u> name (9a or 9b) (r		ASSIGN collatera
9a. ORGANIZATION'S NAME Community & Couthour Donk				
Community & Southern Bank				

10. OPTIONAL FILER REFERENCE DATA:

773447 SHELBY Cty AL