UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)	
TIFFANY MCVAY 334-564-2861	
B. E-MAIL CONTACT AT FILER (optional)	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	
FIRST US BANK	
FKA FIRST UNITED SECURITY BANK	
131 WEST FRONT STREET	
PO BOX 249	
THOMASVILLE, AL 36784	

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Shelby Cnty Judge of Probate, AL 10/03/2016 12:07:48 PM FILED/CERT

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B. E-I	MAIL CONTACT AT FILER (optional)									
C. SE	ND ACKNOWLEDGMENT TO: (Name and Address)	······································		1						
	TIRST US BANK									
	FKA FIRST UNITED SECURITY BANK									
	131 WEST FRONT STREET									
	PO BOX 249									
l ı	THOMASVILLE, AL 36784		1							
╽┕					THE ABOVE S	SPACE	IS FOR F	ILING OFFICE L	JSE OI	NLY
1a. IN	ITIAL FINANCING STATEMENT FILE NUMBER			1b.	This FINANCING STA	ATEME	NT AMEND	MENT is to be filed	l [for re	cord]
201	50415000121420				(or recorded) in the R Filer: <u>attach</u> Amendmen	nt Adden	dum (Form L	CC3Ad) <u>and provide</u>	Debtor's	name in item 13
2.	TERMINATION: Effectiveness of the Financing Statement identified Statement	d above	e is terminated v	vith r	espect to the security in	nterest(:	s) of Secure	ed Party authorizing	j this T	ermination
3.	ASSIGNMENT (full or partial): Provide name of Assignee in item 7s For partial assignment, complete items 7 and 9 and also indicate affe	a or 7t	o, <u>and</u> address o ollateral in item t	f Ass 8	ignee in item 7c <u>and</u> nai	me of A	ssignor in	tem 9		<u>.</u>
4.	CONTINUATION: Effectiveness of the Financing Statement identification continued for the additional period provided by applicable law	fied ab	ove with respect	t to th	e security interest(s) of	Secure	ed Party au	thorizing this Conti	nuation	Statement is
5.	PARTY INFORMATION CHANGE:									
Che	eck <u>one</u> of these two boxes:		of these three bo GE name and/or a			D name:	Complete i	temDELETE na	ame: G	ive record name
This	S Change affects Debtor or Secured Party of record	item 6	a or 6b; <u>and</u> item	7a or	7b and item 7c 7a o	or 7b, <u>ar</u>	nd item 7c	to be delete		
	RRENT RECORD INFORMATION: Complete for Party Information a. ORGANIZATION'S NAME) Chan	ge - provide only	<u>one</u> r	name (6a or 6b)	,	<u>-</u> -	<u> </u>	<u></u>	····
OR G			TELECT DEDCOM	IAI N		17	DDITIONA	NAME/SY/NITIAL/	(8)	SUFFIX
6	b. INDIVIDUAL'S SURNAME	UAL'S SURNAME			IAIVIE		ADDITIONAL NAME(S)/INITIAL(S)			
7. C⊦	ANGED OR ADDED INFORMATION: Complete for Assignment or Party	Informati	ion Change - provide	only <u>o</u>	ne name (7a or 7b) (use exact,	full name	; do not omit,	nodify, or abbreviate any	part of th	ne Debtor's name)
7	a. ORGANIZATION'S NAME									
						 –				
OR 7	b. INDIVIDUAL'S SURNAME									
	INDIVIDUAL'S FIRST PERSONAL NAME		-							
	MONTOCALOTINOS A ENCOUNCE TO MILE									
<u> </u>	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)							· · · · · · · · · · · · · · · · · · ·		SUFFIX
7c. M	AILING ADDRESS	<u>. </u>	CITY	<u></u>	<u> </u>		STATE P	OSTAL CODE		COUNTRY
										<u></u>
	COLLATERAL CHANGE: Also check one of these four boxes:	ADE) collateral		DELETE collateral	RE	STATE cov	ered collateral	AS	SIGN collateral
8	COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral:] AD[) collateral		DELETE collateral	[] RE	STATE COV	ered collateral	AS	SIGN collateral
9. NA	ME OF SECURED PARTY OF RECORD AUTHORIZING TH	HIS AI	MENDMENT: I	Provid	de only <u>one</u> name (9a or	9b) (na	me of Assig	nor, if this is an Ass	ign me n	t)
	his is an Amendment authorized by a DEBTOR, check here and pr	rovide i	name of authorizi	ing D	ebtor					<u> </u>
	OPCANIZATION'S NAME		 					 		

FIRST PERSONAL NAME

10. OPTIONAL FILER REFERENCE DATA:

9b. INDIVIDUAL'S SURNAME

86003442---S B DEV CORP---MATT MORRIS--102

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

FIRST UNITED SECURITY BANK NKA FIRST US BANK