UCC FINANCING STATEMENT AMENDMENT	•						
FOLLOW INSTRUCTIONS	······						
A. NAME & PHONE OF CONTACT AT FILER (optional)  Cristy Bohannon 678-839-4476							
B E-MAIL CONTACT AT FILER (optional)			11 6 (6 ) 1	1010111111	1011111111	41 11 <b>4 6</b> 1 <b>44</b> 11 <b>11 11 1</b>	H <b>1</b> H H H H H H
cbohannon@bankozarks.com	··						
C SEND ACKNOWLEDGMENT TO (Name and Address)	<u> </u>					0 1/1 \$.00 e of Proba <sup>t</sup> .39 PM FILE	
Bank of the Ozarks	1		12/0	1/2016	01:42	:38 PM FILE	בטו כבתי
PO Box 280							
Carrollton GA 30112							
<b></b>		THE ABO	VE SPA	CE IS FO	R FILIN	G OFFICE USE	ONLY
1a INITIAL FINANCING STATEMENT FILE NUMBER	115	D. This FINANCING (or recorded) in				-	r record)
Instrument #20150804000267590		Filer: <u>attach</u> Ame	ndment Ado	lendum (Fo	rm UCC3A	d) <u>and</u> provide Deb	tor's name in item 13
<ol> <li>TERMINATION: Effectiveness of the Financing Statement identified above in Statement</li> </ol>	is terminated wit	n respect to the secu	nty interes	st(s) of Se	cured Par	ty authorizing th	s rermination
ASSIGNMENT (full or partial) Provide name of Assignee in item 7a or 7b. g     For partial assignment, complete items 7 and 9 and also indicate affected collaboration.		Assignee in item 7c <u>ai</u>	nd name o	f Assignoi	r in item 9		
4. CONTINUATION: Effectiveness of the Financing Statement identified above continued for the additional period provided by applicable law	e with respect to	the security interest	(s) of Sec	ured Party	authorizi	ng this Continua	tion Statement is
5 PARTY INFORMATION CHANGE:							
Check one of these two boxes.  AND Check one of CHANGE	Einame and/or add	dress. Complete	ADD nan	ne Comple	ete item _	•	Give record name
This Change affects Debtor or Secured Party of record Item 6a of CURRENT RECORD INFORMATION: Complete for Party Information Change		or 7b <u>and</u> item 7c ne name (6a or 6b)	]7 <b>a</b> or 7b,	and item 7	c _	to be deleted in	item 6a or 6b
6a ORGANIZATION'S NAME							
Adams Homes, LLC, an Alabama limited lia	AL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX						
7 CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information	Change - provide onl	ly <u>one</u> name (7a or 7b) (use	exact full na	me do not o	mit modify :	or abbreviate any part	of the Debtor's name:
7a ORGANIZATION'S NAME							
OR 76 INDIVIDUAL'S SURNAME							
		· · · · · · · · · · · · · · · · · · ·					
INDIVIDUAL'S FIRST PERSONAL NAME							
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)		·					SUFFIX
					1		
7c MAILING ADDRESS	CITY			STATE	POSTAL	. CODE	COUNTRY
8. COLLATERAL CHANGE: Also check one of these four boxes: ADD co	collateral	DELETE collateral	Пе	FSTATE :	covered co	llateral	ASSIGN collateral
Indicate collateral		_ Bellere oonatoral	۱۰۰ لیسیا		0010100	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
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A MANUE OF CECUPED BARTY OF DECORDS ANTHORISMO THE AME		·	•				
<ol> <li>NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AME If this is an Amendment authorized by a DESTOR, check here and provide name</li> </ol>			ra or 9b) (n	ame of As	isignor if t	nis is an Assignm	ient)
9a ORGANIZATION'S NAME  Donly of the Organization concerns to Community	, O. C 41	D I-					
Bank of the Ozarks successor to Community  9b INDIVIDUAL'S SURNAME  F	ASOUTHE			ADDITIO	NAL NAM	E(S)/INITIAL(S)	SUFFIX
						, _ ,	
10 OPTIONAL FILER REFERENCE DATA.						<del></del>	<del>* - :</del>