UCC FINANCING STATEMENT AMENDME	NT				
FOLLOW INSTRUCTIONS					
A. NAME & PHONE OF CONTACT AT FILER (optional) Cristy Bohannon 678-839-4476					
B E-MAIL CONTACT AT FILER (optional)		1	[][[]	 	[] []] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []
cbohannon@bankozarks.com	. .				
C SEND ACKNOWLEDGMENT TO: (Name and Address)			20161 Sheit	201000439120 1/1	5.00
			12/01	y Cnty Judge of P /2016 01:42:40 PM	robate, AL FILED/CERT
Bank of the Ozarks	•				
PO Box 280					
Carrollton GA 30112	1				
		THE ABOVE	SPACE IS FO	R FILING OFFICE USE	ONLY
1a INITIAL FINANCING STATEMENT FILE NUMBER				NDMENT is to be filed [for	record)
Instrument # 20160425000136080		(or recorded) in the Filer <u>attach</u> Amendm		m UCC3Ad) <u>and</u> provide Debto	r's name in item 13
2. TERMINATION: Effectiveness of the Financing Statement identified a Statement	above is terminated	with respect to the security	interest(s) of Se	cured Party authorizing this	Termination
3. ASSIGNMENT (full) or partial) Provide name of Assignee in item 7a in			name of Assignor	r in item 9	
For partial assignment, complete items 7 and 9 and also indicate affects 4 CONTINUATION: Effectiveness of the Financing Statement identifie			of Secured Party	authorizing this Continuation	on Statement is
continued for the additional period provided by applicable law		,,,,,,,,			
5. PARTY INFORMATION CHANGE: AND Check	one of these three b	nxes in			
Check one of these two boxes	HANGE name and/or	address CompleteAl	DD name Complete or 7b, and item 7	ete itemDELETE name	
6 CURRENT RECORD INFORMATION: Complete for Party Information C			OL 70, <u>and</u> Kent 7	cito be deleted in i	teni da di do
6a ORGANIZATION'S NAME					
Adams Homes, LLC, an Alabama limited	d liability co	mpany			
66 INDIVIDUAL'S SURNAME	FIRST PERSON	NAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
7 CHANGES OF APPER INFORMATION: A					
7 CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Info 7a ORGANIZATION'S NAME	ermation Change - provide	only <u>one</u> name (7a or 7b) (use exac	ct full name do not o	mit modify or abbreviate any part of	the Debtor's name;
OR - INDIVIDUAL O DI IDANGALIO					
75 INDIVIDUAL'S SURNAME					
INDÍVIDUAL'S FIRST PERSONAL NAME	· · · · · · · · · · · · · · · · · · ·		·	- · - 	
INDIVIOUNE OF INCOME NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)		<u> </u>			SUFFIX
7c MAILING ADDRESS	CITY	··· · · · · · · · · · · · · · · · · ·	STATE	POSTAL CODE	COUNTRY
8. COLLATERAL CHANGE: Also check one of these four boxes	ADD collateral	DELETE collateral	RESTATE O	covered collateral A	SSIGN collateral
Indicate collateral					
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS	AMENDMENT: F	Provide only one name (9a or	9b) (name of As	signor of this is an Assignmen	nt)
If this is an Amendment authorized by a DEBTOR, check here and provi	de name of authorizing			3. 3	
9a ORGANIZATION'S NAME Dank of the Organization are against to Comments					
Bank of the Ozarks successor to Commun	`		LADBITIC	ALAN BLARESCO, UNITED A COMMISSION	TAGES
96 INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
40 ORTIONAL SUSE DESCRIPTION DATA					
10. OPTIONAL FILER REFERENCE DATA: Shelby County A.L. 1620****773905					