UCC FINANCING STATEMENT AMENDME	ENT				
FOLLOW INSTRUCTIONS					
A. NAME & PHONE OF CONTACT AT FILER (optional) Cristy Bohannon 678-839-4476					
B E-MAIL CONTACT AT FILER (optional)					1811 1811
cbohannon@bankozarks.com	<u>.</u>		(1) (() 1 (1) (1) (1) (1) (1)		
C. SEND ACKNOWLEDGMENT TO: (Name and Address)				0111250 1/1 \$ 00	e AL
			2017040300	00111250 1/1 \$ 00 ty Judge of Probat 7 01:02:07 PM FILE	EDICERT
Bank of the Ozarks	•		04/03/201	7 01:02:07	
Successor by Merger to Community & Souther	n Bank		•		
PO Box 280					
Carrollton GA 30112					
1a MITTAL EINANCING STATEMENT CHE MUMOED				R FILING OFFICE USE	
1a INITIAL FINANCING STATEMENT FILE NUMBER Inst. # 20161025000391550		(or recorded) in the	REAL ESTATE	ENDMENT is to be filed (for RECORDS im UCC3Ad) <u>and</u> provide Debt	•
2. TERMINATION: Effectiveness of the Financing Statement identified Statement	above is terminated	with respect to the security i	nterest(s) of Se	cured Party authorizing this	s Termination
ASSIGNMENT (full or partial) Provide name of Assignee in item 7a For partial assignment, complete items 7 and 9 and also indicate affect			ime of Assignor	in item 9	
4 CONTINUATION. Effectiveness of the Financing Statement identified continued for the additional period provided by applicable law	ed above with respe	ct to the security interest(s) o	f Secured Party	authorizing this Continuat	ion Statement is
5 PARTY INFORMATION CHANGE			• ·		· - · -
	ck <u>one</u> of these three	boxes to			
	CHANGE name and/o tem 6a or 6b, <u>and</u> iten		Diname Comple or 7b, <u>and</u> item 7		
6. CURRENT RECORD INFORMATION. Complete for Party Information (·				
6a ORGANIZATION'S NAME					
Adams Homes, LLC, an Alabama limite	d liability c	ompany			
66 INDIVIDUAL'S SURNAME	FIRST PERSO	NAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Inf	Normation Change - provid	e only <u>one</u> name (7a or 7b) (use exact	full name, do not or	nit, modify, or abbreviate any parti:	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
7c MAILING ADDRESS	- CITY		107.75	Y5005	
7C WIZIEING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
	1	· · · · ·			
8. COLLATERAL CHANGE Also check one of these four boxes	ADD collateral	DELETE collateral	RESTATE C	overed collateral	ASSIGN collatera
Indicate collateral					
			•		
*****			9b) (name of As:	signor, if this is an Assignme	ent)
*****	S AMENDMENT vide name of authoriz		9b) (name of As	signor, if this is an Assignme	ent)
If this is an Amendment authorized by a DEBTOR, check here and provide ORGANIZATION'S NAME			9b) (name of As	signor, if this is an Assignme	ent)
If this is an Amendment authorized by a DEBTOR, check here and provide ORGANIZATION'S NAME Bank of the Ozarks	vide name of authoriz	ing Debtor			
9a ORGANIZATION'S NAME Bank of the Ozarks		ing Debtor		signor, if this is an Assignme	SUFFIX
If this is an Amendment authorized by a DEBTOR, check here and prove a ORGANIZATION'S NAME Bank of the Ozarks	vide name of authoriz	ing Debtor			·-·