20170512000165350 05/12/2017 10:44:31 AM UCC1 1/1

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS					
A. NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858-52	294				
B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscinfo.com					
C. SEND ACKNOWLEDGMENT TO: (Name and Address)					
1311 19479					
Prepared By: Corporation Service Company					
801 Adlai Stavenson Drive	Filed In: Alabama				
Springfield, IL 62703-4261	(Shelby)				
	(01.01.03)	THE ABOVE SD	ACE IS EOD EII	ING OFFICE USE O	MI V
1a. INITIAL FINANCING STATEMENT FILE NUMBER					
20121009000385290 10/9/2012		1b. This FINANCING STATE (or recorded) in the REA Filer: <u>attach</u> Amendment A	IL ESTATE RECO	KD2	
2. TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement					
3. ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9 For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8					
4. ONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law					
5. PARTY INFORMATION CHANGE:					
	heck <u>one</u> of these three be	oxes to:			
CHANGE name and/or address: Complete — ADD name: Complete item — DELETE name: Give record name This Change affects Debtor or Secured Party of record item 6a or 6b; and item 7a or 7b and item 7c 7a or 7b, and item 7c to be deleted in item 6a or 6b					
6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b)					
6a. ORGANIZATION'S NAME Daniels Real Estate, L.L.C					
OR OL INDUMENTAL OR OLUBNIANE			1		T
6b. INDIVIDUAL'S SURNAME	FIRST PERSON	IAL NAME	ADDITIONAL N	IAME(\$)/INITIAL(\$)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Par	ty Information Change - provide	only <u>one</u> name (7a or 7b) (use exact, full	name; do not omit, mod	lify, or abbreviate any part of t	the Debtor's name)
7a. ORGANIZATION'S NAME					
7b. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL OF INCOUNTE NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
	Т		1		
7c. MAILING ADDRESS	CITY		STATE POST	TAL CODE	COUNTRY
8. COLLATERAL CHANGE: Also check one of these four boxes:	ADD collateral	DELETE collateral	RESTATE covered	d collateral As	SSIGN collateral
Indicate collateral:			TREGIATE COVERE	a collateral A	JOION Conateral
	Filed and Record Official Public Re				
		Fuhrmeister, Probate Judge,			
	County Clerk	_			
	Shelby County, A 05/12/2017 10:44:				
	\$32.00 DEBBIE	JI FAIVI	ر	3 _	
ABANA	201705120001653	50	July		
			<u> </u>		
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING	THIS AMENDMENT: F	Provide only <u>one</u> name (9a or 9b)	(name of Assignor,	, if this is an Assignmen	t)
If this is an Amendment authorized by a DEBTOR, check here and	provide name of authorizir	ng Debtor			
9a. ORGANIZATION'S NAMEServisfirst Bank					
9b. INDIVIDUAL'S SURNAME	FIRST PERSON	IAL NAME	ADDITIONAL N	IAME(S)/INITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA:: 16833					1311 10/17

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