UCC FINANCING STATEMENT AM FOLLOW INSTRUCTIONS	FNDMFNI					
A. NAME & PHONE OF CONTACT AT FILER (optional)						
Lisa Parker (205) 250-8400		<del></del>				į
B. E-MAIL CONTACT AT FILER (optional)  lparker@najjar.com						
C. SEND ACKNOWLEDGMENT TO: (Name and Addre	ss)		2017122200	0457310 1/1	\$32.00	
Najjar Denaburg, P.C.				y Judge of P 11:59:17 AM	•	
Attn: Lisa Parker						
2125 Morris Ave.						
Birmingham, AL 35203						
		TH	IE ABOVE SPAC	E IS FOR FILING	OFFICE USE	ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER	ECEN (CL III			ENT AMENDMENT	_	record)
17-7357441 (SOS); 20170717000255		Filer: atta	ach Amendment Adde	endum (Form UCC3Ac	i) <u>and</u> provide Debto	
<ol> <li>TERMINATION: Effectiveness of the Financing Stater Statement</li> </ol>	nent identified above is te	rminated with respect to th	ne security interest	(s) of Secured Part	y authorizing this	i ermination
3. ASSIGNMENT (full or partial): Provide name of Assig			m 7c <u>and</u> name of	Assignor in item 9		
For partial assignment, complete items 7 and 9 and also					· · · · · · · · · · · · · · · · · · ·	
4. CONTINUATION: Effectiveness of the Financing State continued for the additional period provided by applicable		ith respect to the security	interest(s) of Secu	red Party authorizin	ng this Continuation	n Statement is
5. PARTY INFORMATION CHANGE:						
Check one of these two boxes:	AND Check one of the CHANGE nar	ese three boxes to: me and/or address: Comple o; <u>and</u> item 7a or 7b <u>and</u> item	ste ADD nam	e: Complete item	DELETE name:	Give record name
This Change affects Debtor or Secured Party of records.  6. CURRENT RECORD INFORMATION: Complete for Party.				and item 7c	to be deleted in it	em 6a or 6b
6a. ORGANIZATION'S NAME	ity mioritation Change - pri	DAIGE OINY OILS HOUSE (OR OI		· · · · · · · · · · · · · · · · · · ·	<del></del>	··· -·· -· ·· - ··· ·· · · · · · · · ·
OR		TOTAL DEBOOMS AND ALLES				Y
6b. INDIVIDUAL'S SURNAME	FIRS	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Ass	ignment or Party Information Char	nge - provide only <u>one</u> name (7a o	or 7b) (use exact, full nar	ne; do not omit, modify, o	r abbreviate any part of	the Debtor's name)
7a. ORGANIZATION'S NAME						
OR 75. INDIVIDUAL'S SURNAME						<del></del>
INDIVIDUAL'S FIRST PERSONAL NAME				<del> </del>	····	<del></del>
			<u> </u>		······································	
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)						SUFFIX
7c. MAILING ADDRESS	CITY	<del>,,</del>		STATE POSTAL	CODE	COUNTRY
8. OCLLATERAL CHANGE: Also check one of these for	ur boxes: ADD collat	teral	liateral R	ESTATE covered co	llateral A	SSIGN collateral
Indicate collateral:						
Lot 1, as described in the Exhibit A attach	ied to the initial fi	nancing statemen	it, is released	. All other pr	operty shall	remain as
11 - 4 I						
collateral.						
collateral.						
collateral.						
collateral.	•					
9. NAME OF SECURED PARTY OF RECORD AUTH	ORIZING THIS AMEND	MENT: Provide only one	name (9a or 9b) (n	ame of Assignor, if t	his is an Assignme	nt)
9. NAME OF SECURED PARTY OF RECORD AUTH If this is an Amendment authorized by a DEBTOR, check her	ORIZING THIS AMEND	MENT: Provide only one of authorizing Debtor	name (9a or 9b) (n	ame of Assignor, if t	his is an Assignme	nt)
9. NAME OF SECURED PARTY OF RECORD AUTH If this is an Amendment authorized by a DEBTOR, check her  9a. ORGANIZATION'S NAME  Trustmark National Bank	ORIZING THIS AMENC	)MENT: Provide only <u>one</u> of authorizing Debtor	name (9a or 9b) (n	ame of Assignor, if t	his is an Assignme	nt)