JCC FINANCING STATEMENT AMENDM OLLOW INSTRUCTIONS	ENT			
A. NAME & PHONE OF CONTACT AT FILER (optional)  Linda Andrews				
B. E-MAIL CONTACT AT FILER (optional)				
C. SEND ACKNOWLEDGMENT TO: (Name and Address)				
National Bank of Commerce		Shelby	1000012460 1/1 \$32.00 Chty Judge of Probate, A	_
Attn: Linda Andrews P.O. Box 381748		0171172	018 12:22:47 PM FILED/CE	₹Т
Birmingham, Ala. 35238	ı			
<u> </u>		THE ABOVE SE	ACE IS FOR FILING OFFICE US	E ONLY
a. INITIAL FINANCING STATEMENT FILE NUMBER 2013051500201660		(or recorded) in the RE.	EMENT AMENDMENT is to be filed (if AL ESTATE RECORDS Addendum (Form UCC3Ad) and provide De	-
TERMINATION: Effectiveness of the Financing Statement identified Statement	d above is terminated		· · · · · · · · · · · · · · · · · · ·	
. ASSIGNMENT (full or partial): Provide name of Assignee in item 7.  For partial assignment, complete items 7 and 9 and also indicate affe			of Assignor in item 9	
CONTINUATION: Effectiveness of the Financing Statement identification continued for the additional period provided by applicable law	fied above with respe	ct to the security interest(s) of S	ecured Party authorizing this Continua	ation Statement is
. PARTY INFORMATION CHANGE:				
Check one of these two boxes.	eck <u>one</u> of these three I CHANGE name and/or	address: CompleteADD n	ame: Complete itemDELETE nam	e: Give record name
This Change affects Debtor or Secured Party of record  CURRENT RECORD INFORMATION: Complete for Party Information	item 6a or 6b; <u>and</u> item n Change - provide only		b, and item 7cto be deleted	in item 6a or 6b
6a. ORGANIZATION'S NAME	•			
6b. INDIVIDUAL'S SURNAME	FIRST PERSO	NAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party I  7a. ORGANIZATION'S NAME	t Information Change - provide	e only <u>one</u> name (7a or 7b) (use exact, full	name; do not omit, modify, or abbreviate any pa	rt of the Debtor's name)
7b. INDIVIDUAL'S SURNAME			· · · · · · · · · · · · · · · · · · ·	<u> </u>
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
c. MAILING ADDRESS	CITY		STATE POSTAL CODE	COUNTRY
. COLLATERAL CHANGE: Also check one of these four boxes:	ADD collateral	DELETE collateral	RESTATE covered collateral	ASSIGN collatera
Indicate collateral:				
	IS AMENDMENT:	•	(name of Assignor, if this is an Assign	ment)
<del>_</del>		•	(name of Assignor, if this is an Assign	ment)
If this is an Amendment authorized by a DEBTOR, check here and program. ORGANIZATION'S NAME		ing Debtor	(name of Assignor, if this is an Assign	<u> </u>