CC FINANCING STATEMENT AMEND SLLOW INSTRUCTIONS NAME & PHONE OF CONTACT AT FILER (optional)	MENT				
NAME & PHONE OF CONTACT AT FILER (optional)	/ IVI 6_ I V I				
	<u>-</u>				
Barbara Sanders 256-329-7578 74013803					
E-MAIL CONTACT AT FILER (optional) bsanders@usameribank.com					
SEND ACKNOWLEDGMENT TO: (Name and Address)				HA OIL	
VALLEY NATIONAL BANK (USAmeriBa PO BOX 1237	ink)	2018011200	20180112000014130 1/1 \$ 00		
ALEXANDER CITY, AL 35011			ty Judge of Probate; 3 02:51:21 PM FILED/C		
		THE ABOVE	SPACE IS FOR FILING OFF	 HCE HSE ON	
INITIAL FINANCING STATEMENT FILE NUMBER CC 20130924000384810 Shelby Co, A	L	1b. This FINANCING S (or recorded) in the	TATEMENT AMENDMENT is to I REAL ESTATE RECORDS	be filed [for rec	ord]
✓ TERMINATION: Effectiveness of the Financing Statement iden Statement			ent Addendum (Form UCC3Ad) and printerest(s) of Secured Party auth		
ASSIGNMENT (full or partial): Provide name of Assignee in ite For partial assignment, complete items 7 and 9 and also indicate	m 7a or 7b, <u>and</u> address o	of Assignee in item 7c <u>and</u> n	ame of Assignor in item 9	<u>. </u>	
CONTINUATION: Effectiveness of the Financing Statement id continued for the additional period provided by applicable law		· · · · · · · · · · · · · · · · · · ·	of Secured Party authorizing this	Continuation S	itatement
PARTY INFORMATION CHANGE:					
	Check one of these three be				
his Change affects Debtor or Secured Party of record	CHANGE name and/or a item 6a or 6b; and item	address: Complete 7a or 7b <u>and</u> item 7c 7a		ETE name: Give deleted in item	
CURRENT RECORD INFORMATION: Complete for Party Information Of Complete for	ation Change - provide only	one name (6a or 6b)			
The SFC Group, LLC					
6b. INDIVIDUAL'S SURNAME	FIRST PERSON	IAL NAME	ADDITIONAL NAME(S)/IN	ITIAL(S) S	SUFFIX
CHANGED OR ADDED INFORMATION: Complete for Assignment or P. 7a. ORGANIZATION'S NAME	arty Information Change - provide r	only <u>one</u> name (7a or 7b) (use exact	full name; do not orrit, modify, or abbrevi	ate any part of the (Dabtor's ner
7b. INDIVIDUAL'S SURNAME		_ "			
INDIVIDUAL'S FIRST PERSONAL NAME	<u> </u>		 -		.
			· · · · · · · · · · · · · · · · · · ·		_
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				S	UFFIX
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) MAILING ADDRESS	CITY		STATE POSTAL CODE		
	CITY ADD cottateral	DELETE collateral	STATE POSTAL CODE	C	UFFIX OUNTRY