UCC FINANCING STATEMENT AMENDM	ENT			
FOLLOWINSTRUCTIONS				
A. NAME & PHONE OF CONTACT AT FILER (optional)				
Cindy Lamperez 337-560-7518				
B. E-MAIL CONTACT AT FILER (optional)				
Cindy.Lamperez@iberiabank.com				H 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
C. SEND ACKNOWLEDGMENT TO: (Name and Address)				
IBERIABANK			726000267700 1/1 \$32.00	۵۱
P O BOX 12440	•	Shelt	726000267700 1/1 332.00 726000267700 1/1 332.00 S/2018 Judge of Probate: 5/2018 01:44:07 PM FILED/	CERT
NEW IBERIA, LA 70560		07 / 26	3/2018 01:44:07	
	ı			
<u> </u>		THE ABOVE SP	ACE IS FOR FILING OFFICE USE	E ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER		1b. This FINANCING STATI	EMENT AMENDMENT is to be filed [fo	
20130930000391190		(or recorded) in the REA Filer: <u>attach</u> Amendment A	AL ESTATE RECORDS ddendum (Form UCC3Ad) <u>and</u> provide Det	btor's name in item 13
2. TERMINATION: Effectiveness of the Financing Statement identified	above is terminated w			
Statement				
3. ASSIGNMENT (full or partial) Provide name of Assignee in item 7			of Assignor in item 9	
For partial assignment, complete items 7 and 9 <u>and</u> also indicate affer	cted collateral in item (
 CONTINUATION: Effectiveness of the Financing Statement identificant continued for the additional period provided by applicable law 	ied above with respect	to the security interest(s) of Se	ecured Party authorizing this Continua	ition Statement is
5. PARTY INFORMATION CHANGE: AND Che	ck <u>one</u> of these three bo	exes to:		
Check one of these two boxes.	CHANGE name and/or a item 6a or 6b; and item 7	iddress: Complete	ame: Complete item DELETE name b, <u>and</u> item 7c to be deleted in	e: Give record name in item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Information			S. <u>Gra</u> Rem 70	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
6a. ORGANIZATION'S NAME	, , , , , , , , , , , , , , , , , , ,			
OAK MOUNTAIN MEMORIAL FUNI	ERAL HOMI	E, LLC		
6b. INDIVIDUAL'S SURNAME	FIRST PERSON	IAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party I 7a. ORGANIZATION'S NAME	nformation Change - provide	only <u>one</u> name (7a or 7b) (use exact, full	name, do not omit, modify, or abbreviate any par	t of the Debtor's name)
7a. ORGANIZATION S NAME				
OR 7b. INDIVIDUAL'S SURNAME		 		
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	· · · · · · · · · · · · · · · · · · ·			SUFFIX
7c MAILING ADDRESS	CITY		STATE POSTAL CODE	COUNTRY
8. COLLATERAL CHANGE: Also check one of these four boxes.	ADD collateral	DELETE collateral	RESTATE covered collateral	ASSIGN collatera
Indicate collateral:				
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING TH		_	(name of Assignor, if this is an Assignr	ment)
If this is an Amendment authorized by a DEBTOR, check here and professional ORGANIZATION'S NAME	ovide name of authorizing		<u> </u>	
IberiaBank				
OR 96 INDIVIDUAL'S SURNAME	FIRST PERSON	IAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
10 ODTIONAL BUILD DEEDENCE DATA:				
10. OPTIONAL FILER REFERENCE DATA: 5300269305 (6002410) SHELBY COUNTY, ALAB.	AMA			