		20181212000000	
UCC FINANCING STATEMENT AMENDN FOLLOW INSTRUCTIONS	1ENT	20181212000433820 1/1 \$32 Shelby Cnty Judge of Proba 12/12/2018 11:16:52 AM FIL	00
A. NAME & PHONE OF CONTACT AT FILER (optional) LAURA BAILEY (229)244-3585			
B. E-MAIL CONTACT AT FILER (optional) Ibailey@fmb.net			
C. SEND ACKNOWLEDGMENT TO: (Name and Address)			
FARMERS AND MERCHANTS BANK 3303 INNER PERIMETER RD.			
VALDOSTA, GA. 31605			
	THE A	BOVE SPACE IS FOR FILING OFFICE USE	ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER 20131219000484570	(or recorded	CING STATEMENT AMENDMENT is to be filed [for) in the REAL ESTATE RECORDS	-
2. TERMINATION: Effectiveness of the Financing Statement identif		mendment Addendum (Form UCC3Ad) and provide Debto ecurity interest(s) of Secured Party authorizing this	
3. ASSIGNMENT (full or partial): Provide name of Assignee in item For partial assignment, complete items 7 and 9 <u>and</u> also indicate at		c <u>and</u> name of Assignor in item 9	
4. CONTINUATION: Effectiveness of the Financing Statement ider continued for the additional period provided by applicable law	tified above with respect to the security inter	est(s) of Secured Party authorizing this Continuation	on Statement is
5. PARTY INFORMATION CHANGE:			
Check <u>one</u> of these two boxes: This Change affects Debtor <u>or</u> Secured Party of record	heck <u>one</u> of these three boxes to: — CHANGE name and/or address: Complete item 6a or 6b; <u>and</u> item 7a or 7b <u>and</u> item 7c	ADD name: Complete itemDELETE name: 7a or 7b, and item 7c to be deleted in i	Give record name
6. CURRENT RECORD INFORMATION: Complete for Party Informati			
Inverness Hospitality, LLC			
6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Par 7a. ORGANIZATION'S NAME	ty Information Change - provide only <u>one</u> name (7a or 7b)	(use exact, full name; do not omit, modify, or abbreviate any part o	f the Debtor'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. OLLATERAL CHANGE: Also check one of these four boxes:	ADD collateral DELETE collater	ral RESTATE covered collateral	ASSIGN collateral
Indicate collateral:			
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING	THIS AMENDMENT: Provide only <u>one</u> nam	e (9a or 9b) (name of Assignor, if this is an Assignme	ent)
If this is an Amendment authorized by a DEBTOR, check here and 9a. ORGANIZATION'S NAME	provide name of authorizing Debtor	<u></u>	
Farmers and Merchants Bank			
OR 9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

10. OPTIONAL FILER REFERENCE DATA: