•	,	 		
		 		

UCC FINANCING STATEMENT AMENDMENT

A. NAME & PHONE OF CONTACT AT FILER (optional) Phone: (800) 331-3282 Fax: (818) 662-4141	•
B. E-MAIL CONTACT AT FILER (optional) CLS-CTLS_Glendale_Customer_Service@wolterskluwer.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address) 26405 - RENASANT	
Lien Solutions 67636540 P.O. Box 29071	
Glendale, CA 91209-9071 ALAL	
FIXTURE	
File with: Shelby, AL	J

20181221000447250 1/2 \$.00 Shelby Cnty Judge of Probate, AL 12/21/2018 03:37:16 PM FILED/CERT

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STAT	EMENT FILE NUMBER
20180509000157830	5/9/2018 CC AL Shelby

1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13

continued for the additional period provided by appl		espect to the security interest(s) of	Secured Party authorizing this Continuation	n Statement is
5. PARTY INFORMATION CHANGE:	AND Check one of these	three hoves to:		•
Check <u>one</u> of these two boxes: This Change affects Debtor <u>or</u> Secured Party of r			ADD name: Complete item DELETE nam 7a or 7b, and item 7c to be deleted	ne: Give record name in item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Pa	rty Information Change - provide	only <u>one</u> name (6a or 6b)		
6a. ORGANIZATION'S NAME				
OR 6b. INDIVIDUAL'S SURNAME	FIRST	PERSONAL NAME.	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
MCCRANIE	GR		ADDITIONALIVALIONITALION	
7. CHANGED OR ADDED INFORMATION: Complete for Ass	ignment or Party Information Change - n	rovide only one name (7a or 7b) (use exac	t full name: do not omit modify, or abbreviate any part of	f the Debtor's name)
7a. ORGANIZATION'S NAME	grifficht of Fairy fillomiation Onlange - p		t, ran name, do not omit, modify, or dobroviate any part of	- Cito Dobtor o Harrio,
			•	
				•
OR 7b. INDIVIDUAL'S SURNAME	·			
OR 7b. INDIVIDUAL'S SURNAME				
OR 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME				
7b. INDIVIDUAL'S SURNAME				
7b. INDIVIDUAL'S SURNAME				SUFFIX
INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME				SUFFIX
INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME	CITY		STATE POSTAL CODE	SUFFIX
INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	CITY		STATE POSTAL CODE	
INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)		eral DELETE collateral	STATE POSTAL CODE RESTATE covered collateral	

9. N	IAME OF SECURED PARTY OF RECORD AUT	HORIZING THIS AMENDMENT: Provide only one name (9	a or 9b) (name of Assignor, if this is an Assignm	ent)
lf	this is an Amendment authorized by a DEBTOR, check I	nere and provide name of authorizing Debtor	•	
	9a. ORGANIZATION'S NAME		•	
	Renasant Bank		·	
OR	9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
		·		
10	OPTIONAL FILER REFERENCE DATA: Debtor Na	MO'MOCRANIE CREV		•

Debid Name, MCCRAME, GRET

Prepared by Lien Solutions, P.O. Box 29071,

	NITIAL FINANCING STATEMENT FILE NUMBER: Same as item 18 80509000157830 5/9/2018 CC AL Shelby	a on Amendment form		
12.	NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as it 12a. ORGANIZATION'S NAME Renasant Bank	em 9 on Amendment form		
DR	12b. INDIVIDUAL'S SURNAME			
	FIRST PERSONAL NAME		20181221000447250 2/2 \$.00 Shelby Cnty Judge of Probate, 12/21/2018 03:37:16 PM FILED/	
	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	THE ABOVE SPACE IS FOR FILING OFFICE US	SEONLY
	Name of DEBTOR on related financing statement (Name of a currename Debtor name (13a or 13b) (use exact, full name; do not omit, magnetic of the statement of the statement (Name of a currename) and the state	·		n 13): Provide or
R	13b. INDIVIDUAL'S SURNAME MCCRANIE	FIRST PERSONAL NAME GREY	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
٠ţ	otor Name and Address:			
le ce	This FINANCING STATEMENT AMENDMENT:		,	

2010006530-4

File with: Shelby, AL

Renasant Bank

18. MISCELLANEOUS: 67636540-AL-117 26405 - RENASANT BANK