UCC FINANCING STATEMENT AMENDMENT

Shelby Cnty Judge of Probate, AL

FOLLOW INSTRUCTIONS			04/03/2019 08:08:4	15 AM FIL	ED/CERT
granical control of the state o					
A. NAME & PHONE OF CONTACT AT FILER (optional) CSC 1-800-858-5294					
B. E-MAIL CONTACT AT FILER (optional)					
SPRFiling@cscglobal.com					
C. SEND ACKNOWLEDGMENT TO: (Name and Address		_			
1619 30795		7			
CSC					
801 Adlai Stevenson Drive Springfield, IL 62703	P7"1				
4	Filed In: Alabama (Shelby)	•			
			PACE IS FOR FILING OF	FICE USE (ONI Y
1a. INITIAL FINANCING STATEMENT FILE NUMBER	<u></u>	1b. This FINANCING STAT			
20170302000072020 03/02/2017		(or recorded) in the RE	AL ESTATE RECORDS Addendum (Form UCC3Ad) and		
2. TERMINATION: Effectiveness of the Financing Statement	ent identified above is terminate				" · · · · ·
3. ASSIGNMENT (full or partial): Provide name of Assignation For partial assignment, complete items 7 and 9 and also in			e of Assignor in item 9		
4. CONTINUATION: Effectiveness of the Financing State	ment identified above with resp	······································	ecured Party authorizing this	s Continuatio	on Statement is
continued for the additional period provided by applicable	iaw	<u> </u>			
5. PARTY INFORMATION CHANGE:	ARIB Objecti on afabrica ibus	havea tak			
Check one of these two boxes:	AND Check one of these three CHANGE name and	/or address: CompleteADD r			Give record name
This Change affects Debtor or Secured Party of record			7b. <u>and</u> item 7cto b	se deleted in it	(em 69 or 65
6. CURRENT RECORD INFORMATION: Complete for Party 6a. ORGANIZATION'S NAMENEWCASTLE DEVE		omy <u>one</u> name (ea or eb)			
INCAAONO I TITE DE VE	LOI MILITI, LLO				
OR 6b. INDIVIDUAL'S SURNAME	FIRST PER	SONAL NAME	ADDITIONAL NAME(S)/II	NITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assign	ment or Party Information Change - pro	vide only <u>one</u> name (7a or 7b) (use exact, ful	Il name; do not omit, modify, or abbre	viale any part of	(the Debtor's name)
7a. ORGANIZATION'S NAME					
OR THE TRIBUTE OF THE PARTY OF					
75. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME		···	····		
INDIVIDUAL S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	,	······································			SUFFIX
THE THE CALL OF THE TOTAL CONTROL OF					
7c. MAILING ADDRESS	CITY		STATE POSTAL COD	E	COUNTRY
8. COLLATERAL CHANGE: Also check one of these four	boxes: ADD collateral	DELETE collateral	RESTATE covered collatera	al D	SSIGN collateral
			_		
Lot Andicate collaigning to the Survey of Griffin F	-	Sector i Phase 2, as re	ecorded in Iviap bo	OK 30, P	age 55, in
the Probate Office of Shelby County, Alab	ama.				
Lot A6, according to the Survey of Griffin F	Park at Fagle Point :	Sector I Phase 2, as re	ecorded in Map Bo	ok 50. P	age 35. in
the Probate Office of Shelby County, Alaba				; -	
			· · · · · · · · · · · · · · · · · ·	 	
9. NAME OF SECURED PARTY OF RECORD AUTHO) (name of Assignor, if this is	an Assignme	nt)
if this is an Amandment authorized by a DERTOR, check here	I and provide name of author	orizing Debtor			

FIRST PERSONAL NAME

10. OPTIONAL FILER REFERENCE DATA: Debtor: NEWCASTLE DEVELOPMENT, LLC-29497

1619 30795

SUFFIX

ADDITIONAL NAME(S)/INITIAL(S)

9a. ORGANIZATION'S NAMESERVISFIRST BANK

9b. INDIVIDUAL'S SURNAME

04/03/2019 0

Shelby Chty Judge of Probate, AL

04/03/2019 08:08:45 AM FILED/CERT

C FINANCING STATEMENT AN		
NITIAL FINANCING STATEMENT FILE NUMBER: 0170302000072020 03/02/2017	Same as item 1a on Amendment form	
NAME OF PARTY AUTHORIZING THIS AMENDME	NT: Same as item 9 on Amendment form	
12a. ORGANIZATION'S NAME SERVISFIRST BANK		
12b, INDIVIDUAL'S SURNAME	<u> </u>	
FIRST PERSONAL NAME	· · · · · · · · · · · · · · · · · · ·	
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
		THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY
Name of DEBTOR on related financing statement (financing statement (fina		or indexing purposes only in some fitting offices - see Instruction item 13): Provide of Debtor's name); see Instructions if name does not fit
138. ORGANIZATION S NAME		
13b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NA	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
ADDITIONAL SPACE FOR ITEM 8 (Collateral): It A7, according to the Survey of Griffice Probate Office of Shelby County, Al		r I Phase 2, as recorded in Map Book 50, Page 35, i
t A7, according to the Survey of Griffi	labama.	Filed and Recorded Official Public Records Judge of Probate, Shelby County Alabania, County Clerk Shelby County, Al. 04/03/2019 08:08:45 AM 532.00 CHERRY 20190403000106200 Description of real estate:

18. MISCELLANEOUS: