	CC FINANCING STATEMENT AMEND	MENT				
Α.	LLOW INSTRUCTIONS NAME & PHONE OF CONTACT AT FILER (optional) CSC 1-800-858-5294					
В.	E-MAIL CONTACT AT FILER (optional) SPRFiling@cscglobal.com					
	SEND ACKNOWLEDGMENT TO: (Name and Address)					
	1624 71862 CSC		20190412000120310 04/12/2019 03:44:57 PM			
	801 Adlai Stevenson Drive Springfield, IL 62703	Filed In: Alaba	ama	U4/12/20 UCC6 1		
		(She	lby)			
	INITIAL FINANCING STATEMENT FILE NUMBER 0180529000186710 05/29/2018		1b. This FINANG	CING STATEMENT A		record]
	TERMINATION: Effectiveness of the Financing Statement iden Statement	tified above is term			(Form UCC3Ad) <u>and</u> provide Debto Secured Party authorizing this	
3.	ASSIGNMENT (full or partial): Provide name of Assignee in ite For partial assignment, complete items 7 and 9 <u>and</u> also indicate			c <u>and</u> name of Assig	nor in item 9	
4.	CONTINUATION: Effectiveness of the Financing Statement id continued for the additional period provided by applicable law	entified above with	respect to the security inte	rest(s) of Secured Pa	arty authorizing this Continuation	on Statement is
5.	PARTY INFORMATION CHANGE:					
C	Check <u>one</u> of these two boxes:	Check one of these		ADD name: Cor	nplete item DELETE name:	Give record name
	his Change affects Debtor or Secured Party of record CURRENT RECORD INFORMATION: Complete for Party Information. 6a. ORGANIZATION'S NAME		and/or address: Complete nd item 7a or 7b <u>and</u> item 7c ide only <u>one</u> name (6a or 6b)		m 7c to be deleted in i	tem 6a or 6b
OR	6b. INDIVIDUAL'S SURNAME GOODMAN		PERSONAL NAME		TIONAL NAME(S)/INITIAL(S) RKER	SUFFIX
7. (CHANGED OR ADDED INFORMATION: Complete for Assignment or P	Party Information Change	- provide only <u>one</u> name (7a or 7b)	(use exact, full name; do n	ot 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		STAT	E POSTAL CODE	COUNTRY
8.	COLLATERAL CHANGE: Also check one of these four boxes:	ADD collater	al DELETE collate	ral RESTAT	E covered collateral	ASSIGN collatera
	Indicate collateral:					
			iled and Recorded fficial Public Records adge of Probate, Shelby County Alabama, Count lerk	t y -		
			helby County, AL 4/12/2019 03:44:57 PM 00 CHERRY 0190412000120310	lli 5. Buyl		
	NAME OF SECURED PARTY OF RECORD AUTHORIZING If this is an Amendment authorized by a DEBTOR, check here an	THIS AMENDM		ie (9a or 9b) (name of	Assignor, if this is an Assignme	ent)
	9a. ORGANIZATION'S NAME Servis First Bank	a provide name of a	athonemy Debtol			
OR	9b. INDIVIDUAL'S SURNAME	FIRST	PERSONAL NAME	IADDI	TIONAL NAME(S)/INITIAL(S)	SUFFIX

10. OPTIONAL FILER REFERENCE DATA: Debtor: BONNIE PARKER GOODMAN - 36285

1624 71862