UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS					
A. NAME & PHONE OF CONTACT AT FILER (optional)					
June Pridmore (205) 558-4622		_			
B. E-MAIL CONTACT AT FILER (optional)					
Jpridmore@alamericabank.com	 -				
C. SEND ACKNOWLEDGMENT TO: (Name and Address) Alamerica Bank					
Attn: June Pridmore			20190912000	22667M 112 3 .V	v
2170 Highland Avenue South				Tudde DI Flow	G(-)
Birmingham, AL 35209		_	09/12/2019 	03:32:05 PM FI	
		THE ABOV	E SPACE IS FO	R FILING OFFICE	USE ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER		1b. This FINANCING S	STATEMENT AME	ENDMENT is to be file	d [for record]
Instrument 20031001000659490		Filer: <u>attach</u> Amendn	nent Addendum (Fo	m UCC3Ad) <u>and</u> provide	Debtor's name in item 13
2. TERMINATION: Effectiveness of the Financing Statement identified a with respect to the security interest(s) of Secured Party authorizing this Statement	above is terminated Termination		-		
3. ASSIGNMENT (full or partial): Provide name of Assignee in item 7a For partial assignment, complete items 7 and 9 <u>and</u> also indicate affect	or 7b, <u>and</u> address o ed collateral in item	f Assignee in item 7c <u>and</u> 8	name of Assignor	in item 9	
4. CONTINUATION: Effectiveness of the Financing Statement identifie continued for the additional period provided by applicable law	d above with respect	to the security interest(s)	of Secured Party	authorizing this Cont	inuation Statement is
5. PARTY INFORMATION CHANGE:					
Olidek <u>olie</u> of these the boxes.	cone of these three b		DD same: Comple	oto itom DELETE e	anno. Civa record some
This Change affects Debtor or Secured Party of record its	HANGE name and/or a em 6a or 6b; <u>and</u> item	7a or 7b <u>and</u> item 7c	DD name: Comple a or 7b, <u>and</u> item 7		name: Give record name ted in item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Information C	change - provide only	one name (6a or 6b)			
Od. ORGANIZATION S NAME		-			
OR					
6b. INDIVIDUAL'S SURNAME	FIRST PERSON	IAL NAME	ADDITIO	NAL NAME(S)/INITIAL	(S) SUFFIX
Mooney	Michael		Wayne		
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Info	ormation Change - provide	only <u>one</u> name (7a or 7b) (use exa	ct, full name; do not or	mit, modify, or abbreviate an	y part of 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
1040 14th Street, Suite C	Calera		AL	35040	USA
8. COLLATERAL CHANGE: Also check one of these four boxes:	ADD collateral	DELETE collateral	RESTATE	overed collateral	ASSIGN collateral
Indicate collateral:					
•					
					_
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS If this is an Amendment authorized by a DEBTOR, check here and prov	S AMENDMENT: Fide name of authorizing	-	or 9b) (name of As	signor, if this is an Ass	ignment)
9a. ORGANIZATION'S NAME				<u> </u>	
Alamerica Bank					
		-			•
			_		
OR 95. INDIVIDUAL'S SURNAME	FIRST PERSON	IAL NAME	ADDITIO	NAL NAME(S)/INITIAL	(S) SUFFIX
10. OPTIONAL FILER REFERENCE DATA:					
Number 1501061					
Number 1501061					

UCC FINANCING STATEMENT AMENDMENT

FOL	LOWINSTRUCTIONS									
Α. Ν	NAME & PHONE OF CONTACT AT FILER (optional)		T							
J	June Pridmore (205) 558-4622									
B. E	-MAIL CONTACT AT FILER (optional)									
J	lpridmore@alamericabank.com									
_	SEND ACKNOWLEDGMENT TO: (Name and Address)									
	Alamerica Bank				<u> </u>					
·	Attn: June Pridmore	•	2019	09120003366 by Caty Jud	70 2/2 \$.00 ge of Probate, AL					
1 :	2170 Highland Avenue South		09/1	2/2019 03:3	2:05 PM FILED/CERT					
ا	Birmingham, AL 35209		057							
	-		THE ABOVE	SPACE IS FO	R FILING OFFICE USE O	NLY				
1a ii	NITIAL FINANCING STATEMENT FILE NUMBER	<u></u>	1b This FINANCING S	TATEMENT AME	NDMENT is to be filed [for re	cord				
_			(or recorded) in the	REAL ESTATE	RECORDS					
	rument 20031001000659490		Filer. <u>attach</u> Amendm	ent Addendum (For	m UCC3Ad) <u>and</u> provide Debtor's	s name in item 13				
_2.[✓	TERMINATION: Effectiveness of the Financing Statement identified a with respect to the security interest(s) of Secured Party authorizing this Statement		- ~	- -						
3. [ASSIGNMENT (full or partial): Provide name of Assignee in item 7a For partial assignment, complete items 7 and 9 and also indicate affect			name of Assignor	in item 9					
4.	CONTINUATION: Effectiveness of the Financing Statement identifie continued for the additional period provided by applicable law	d above with respect	to the security interest(s)	of Secured Party	authorizing this Continuation	Statement is				
5.	PARTY INFORMATION CHANGE:	•	- ;	<u>-</u>						
Ct		cone of these three bo	exes to:							
		HANGE name and/or a	iddress: Complete All 7a or 7b <u>and</u> item 7c 7a	DD name: Complete or 7b, <u>and</u> item 7	te item DELETE name: Gotobe deleted in ite					
	URRENT RECORD INFORMATION: Complete for Party Information C	· ·		THE STATE OF THE S						
	6a. ORGANIZATION'S NAME									
1										
	•									
OR -										
	6b. INDIVIDUAL'S SURNAME	FIRST PERSON	IAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX				
	Mooney	Michael		Wayne						
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)										
	7a. ORGANIZATION'S NAME									
OR	7b. INDIVIDUAL'S SURNAME	•			-					
-	INDIVIDUAL'S FIRST PERSONAL NAME	_	_ 1		.					
					-					
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)									
1	,-									
70.		CITY	 	STATE	POSTAL CODE	COUNTRY				
76. r	MAILING ADDRESS 1040 14th Street, Suite C	Calera		AL	35040	USA				
		ADD collateral	DELETE collateral			SIGN collateral				
8		ADD Collatelal		L KESIAIE C	CACLED COLLEGE IN	SIGN Collateral				
	Indicate collateral:									
	•									
	•									
9. N	AME OF SECURED PARTY OF RECORD AUTHORIZING THIS	S AMENDMENT: F	Provide only <u>one</u> name (9a o	r 9b) (name of As	signor, if this is an Assignmen	t)				
lf	this is an Amendment authorized by a DEBTOR, check here and prov	ide name of authorizi	ng Debtor		<u> </u>					
ſ	9a. ORGANIZATION'S NAME									
	Alamerica Bank									
OR	· · · · · · · · · · · · · · · · · · ·		<u>.</u>	<u> </u>		T = -				
UK	9b. INDIVIDUAL'S SURNAME	FIRST PERSON	NAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX				
			<u>. </u>							
10. (OPTIONAL FILER REFERENCE DATA:									
	mber 1501061					,				
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