



UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS A. NAME & PHONE OF CONTACT AT FILER (optional) Clayton T. Sweeney Attorney at Law B. E-MAIL CONTACT AT FILER (optional) sweeney@claysweeney.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) ServisFirst Bank Attn: Clark Zinsmeister, Vice President 2500 Woodcrest Place Birmingham, AL 35209 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS 1a. INITIAL FINANCING STATEMENT FILE NUMBER 20170717000253530 Filer. attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13 2. TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9 For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8 CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law 5. PARTY INFORMATION CHANGE: AND Check one of these three boxes to: Check one of these two boxes: DELETE name: Give record name ADD name: Complete item CHANGE name and/or address: Complete 7a or 7b, and item 7c to be deleted in item 6a or 6b This Change affects | Debtor or | Secured Party of record item 6a or 6b; and item 7a or 7b and item 7c 6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b) 6a. ORGANIZATION'S NAME SB Homes, LLC **SUFFIX** ADDITIONAL NAME(S)/INITIAL(S) 6b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME 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 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME SUFFIX INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) COUNTRY POSTAL CODE CITY STATE 7c. MAILING ADDRESS ASSIGN collateral RESTATE covered collateral **DELETE** collateral ADD collateral COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral: 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment) If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor 9a. ORGANIZATION'S NAME ServisFirst Bank FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 9b. INDIVIDUAL'S SURNAME

10. OPTIONAL FILER REFERENCE DATA: