	C FINANCING STATEMENT AMENDMI	ENT			
A.	LOW INSTRUCTIONS NAME & PHONE OF CONTACT AT FILER (optional) CSC 1-800-858-5294				
В. І	E-MAIL CONTACT AT FILER (optional) SPRFiling@cscglobal.com				
	SEND ACKNOWLEDGMENT TO: (Name and Address)				
l			20191202	2000445390	
'	CSC			9 04:02:06 PM	
	801 Adlai Stevenson Drive Springfield, IL 62703		UCCCON		
Ι,	Fil	ed In: Alabama (Shelby) [
l		(3.13.13)	THE ABOVE SPA	CE IS FOR FILING OFFICE USE	ONLY
	INITIAL FINANCING STATEMENT FILE NUMBER 150428000137870 04/28/2015		(or recorded) in the REAL	MENT AMENDMENT is to be filed [for ESTATE RECORDS dendum (Form UCC3Ad) and provide Debte	
2.	TERMINATION: Effectiveness of the Financing Statement identified Statement	l above is terminated v			
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 affects.			of Assignor in item 9	
4.	ONTINUATION : Effectiveness of the Financing Statement identif continued for the additional period provided by applicable law	ied above with respect	to the security interest(s) of Sec	ured Party authorizing this Continuati	on Statement is
5.	PARTY INFORMATION CHANGE:				
Check <u>one</u> of these two boxes: ———————————————————————————————————					
This Change affects Debtor or Secured Party of record item 6a or 6b; and item 7a or 7b and item 7c 7a or 7b, and item 7c to be deleted in item 6a or 6b					
	CURRENT RECORD INFORMATION: Complete for Party Information 6a. ORGANIZATION'S NAME Morris-Shea Bridge Compar		one name (6a or 6b)		
	momo choa bhaga compar	. y ,			
OR	6b. INDIVIDUAL'S SURNAME	FIRST PERSON	IAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
7. (CHANGED OR ADDED INFORMATION: Complete for Assignment or Party In	nformation Change - provide	only <u>one</u> name (7a or 7b) (use exact, full na	me; do not omit, modify, or abbreviate any part o	f the Debtor's name)
	7a. ORGANIZATION'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
8.	COLLATERAL CHANGE: Also check one of these four boxes:	ADD collateral	DELETE collateral	RESTATE covered collateral	ASSIGN collateral
_	Indicate collateral:				
	Filed and Recorded				
	Official Public Records Judge of Probate, Shelby County Alabama, County Clerk				
	Shelby County, AL 12/02/2019 04:02:06 PM S39.00 CHERRY 20191202000445390				
	Supply to the second se				
	NAME OF SECURED PARTY OF RECORD AUTHORIZING THE this is an Amendment authorized by a DEBTOR, check here and pro-	IS AMENDMENT: For ide name of authorizing		name of Assignor, if this is an Assignme	ent)
	9a. ORGANIZATION'S NAME Servis First Bank	rias namo or authorizh	-9 - 00t01		
OR	9b. INDIVIDUAL'S SURNAME	FIRST PERSON	IAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

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FILING OFFICE COPY — UCC FINANCING STATEMENT AMENDMENT (Form UCC3) (Rev. 04/20/11)

10. OPTIONAL FILER REFERENCE DATA: Billing Ref 2 Debtor: Morris-Shea Bridge Company, Inc.