20191219000470970 12/19/2019 02:17:16 PM UCC6 1/1

JCC FINANCING STATEMENT AMENDMENT		UCC6 1/1		
FOLLOWINSTRUCTIONS				
A. NAME & PHONE OF CONTACT AT FILER (optional) Anna Margaret Tidwell (256) 280-9198				
B. E-MAIL CONTACT AT FILER (optional)				
amtidwell@myprogressbank.com		AS CON	Filed and Recorded	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)			Official Public Records Judge of Probate, Shelby County Alaba	ama, County
	 	المراقع المستمع الم	Clerk Shelby County, AL	
			12/19/2019 02:17:16 PM S.00 CHARITY	0
Progress Bank and Trust		SEABNE	20191219000470970	Me 5.B
PO Box 1905				
Decatur, AL 35602				
		THE ABOVE SPA	CE IS FOR FILING OFFICE US	E ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER	ַת פֿר		MENT AMENDMENT is to be filed [for record]
Shelby County UCC #20190410000116220] "	(or recorded) in the REAL Filer, <u>altact</u>) Amendment Ac c	- ESTATE RECORDS lendum (Form UCC3Ad) <u>and</u> provide De	eintor's neune in (lem 13
 TERMINATION: Effectiveness of the Financing Statement identified about Statement 	ve is terminated with res	pect to the security interes	st(s) of Secured Party authorizing t	his Termination
3. ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7 For partial assignment, complete items 7 and 9 and also indicate affected		nee in item 7c <u>and</u> name c	f Assignor in item 9	
4. CONTINUATION: Effectiveness of the Financing Statement identified a continued for the additional period provided by applicable law	bove with respect to the	security interest(s) of Sec	ured Party authorizing this Continu	ation Statement is
5, PARTY INFORMATION CHANGE:	······································			XXX
	<u>ne</u> of these three boxes to		4 .	
This Change affects Debtor or Secured Party of record item (NGE name and/or address	: Complete ADD name and item 7c 7a or 7b,	ne: Complete itemDELETE name	ne: Give record name in item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Information Chair		······································		
6a ORGANIZATION'S NAME	7/2			n/-
Eddleman Residential, LLC				
65 INDIVIDUAL'S SURNAME	FIRST PERSONAL NA	ME	ADDITIONAL NAME(S)/INITIAL(S)) SUFFIX
		4		
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information	ation Change - provide only <u>one</u>	name (?a or ?b) (use exact, full na	me; do not omit, modify, or abbreviate any pa	art of the Debtor's name
7a ORGANIZATION'S NAME				
OR 75 INDIVIDUAL'S SURNAME				
TO PERSON OF CONTRACT CONTRACT				
INDIVIDUAL'S FIRST PERSONAL NAME		20000000000000000000000000000000000000	······································	
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
7c. MAILING ADDRESS	CITY		STATE POSTAL CODE	COUNTRY
2700 Highway 280 East	Birminghan	1	AL 35223	USA
		······································	RESTATE covered collateral	ASSIGN collateral
Indicate collateral:	D CONGROIAI DE	LETE Collateral	COTATE COVERED COllateral	AOOION COIIAGEIAI
indicate collateral.				
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS A	AACNIDAACNIT: Drovido	anly and name (Octor Ob) (s	some of Assisper if this is an Assisp	amont)
	name of authorizing Debt	• • • • • • • • • • • • • • • • • • • •	iame oi Assignor, ii triis is an Assigr	iiiieiit)
9a. ORGANIZATION'S NAME		······································	>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>	
Progress Bank and Trust				
OR 95 INDIVIDUAL'S SURNAME	FIRST PERSONAL NA	ME	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
10. OPTIONAL FILER REFERENCE DATA: 9001182800				······································