

# UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

|                                                                                                                             |                             |
|-----------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| A. NAME & PHONE OF CONTACT AT FILER (optional)<br>Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141 |                             |
| B. E-MAIL CONTACT AT FILER (optional)<br>uccfilingreturn@wolterskluwer.com                                                  |                             |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address) 23814 - 23814-WELLS                                                           |                             |
| Lien Solutions<br>P.O. Box 29071<br>Glendale, CA 91209-9071                                                                 | 73239776<br>ALAL<br>FIXTURE |
| File with: Shelby, AL                                                                                                       |                             |



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Shelby Cnty Judge of Probate, AL  
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| 1a. INITIAL FINANCING STATEMENT FILE NUMBER<br>20150630000218990 6/30/2015 CC AL Shelby                                                                                                                                                                                                                                                                                                                                                                                                      | 1b. <input checked="" type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed [for record]<br>(or recorded) in the REAL ESTATE RECORDS<br>Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13 |
| 2. <input type="checkbox"/> TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                           |
| 3. <input type="checkbox"/> 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<br>For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8                                                                                                                                                                                                                     |                                                                                                                                                                                                                                           |
| 4. <input checked="" type="checkbox"/> 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. <input type="checkbox"/> PARTY INFORMATION CHANGE:<br>Check one of these two boxes: <input type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record AND Check one of these three boxes to:<br><input type="checkbox"/> CHANGE name and/or address: Complete item 6a or 6b; and item 7a or 7b and item 7c <input type="checkbox"/> ADD name: Complete item 7a or 7b, and item 7c <input type="checkbox"/> DELETE name: Give record name to be deleted in item 6a or 6b |                                                                                                                                                                                                                                           |
| 6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b)                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                           |
| 6a. ORGANIZATION'S NAME<br>BW BOWLING PROPERTIES LP                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                           |
| OR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 6b. INDIVIDUAL'S SURNAME<br>FIRST PERSONAL NAME<br>ADDITIONAL NAME(S)/INITIAL(S)<br>SUFFIX                                                                                                                                                |
| 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<br>INDIVIDUAL'S FIRST PERSONAL NAME<br>INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)<br>SUFFIX                                                                                                                      |
| 7c. MAILING ADDRESS<br>CITY<br>STATE<br>POSTAL CODE<br>COUNTRY                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                           |
| 8. <input type="checkbox"/> COLLATERAL CHANGE: Also check one of these four boxes: <input type="checkbox"/> ADD collateral <input type="checkbox"/> DELETE collateral <input type="checkbox"/> RESTATE covered collateral <input type="checkbox"/> ASSIGN collateral<br>Indicate collateral:<br>LOAN # 304190004                                                                                                                                                                             |                                                                                                                                                                                                                                           |

SEE EXHIBIT A LEGAL DESCRIPTION ATTACHED HERETO AND INCORPORATED HEREIN BY THIS REFERENCE.

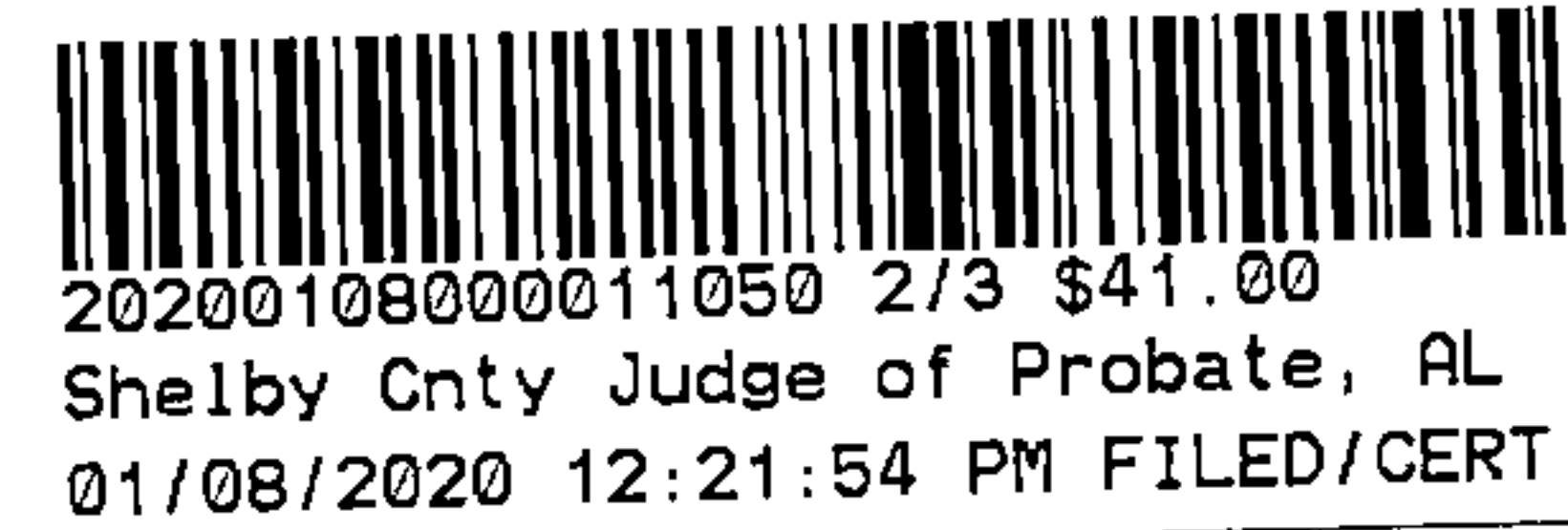
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| 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment)<br>If this is an Amendment authorized by a DEBTOR, check here <input type="checkbox"/> and provide name of authorizing Debtor |                                                                                            |  |  |
| 9a. ORGANIZATION'S NAME<br>WILMINGTON TRUST, NATIONAL ASSOCIATION, AS TRUSTEE FOR THE BENEFIT OF THE REGISTERED HOLDERS OF<br>JPMBB COMMERCIAL MORTGAGE SECURITIES TRUST 2015-C30, COMMERCIAL MORTGAGE PASS-THROUGH                                                        |                                                                                            |  |  |
| OR                                                                                                                                                                                                                                                                         | 9b. INDIVIDUAL'S SURNAME<br>FIRST PERSONAL NAME<br>ADDITIONAL NAME(S)/INITIAL(S)<br>SUFFIX |  |  |
| 10. OPTIONAL FILER REFERENCE DATA: Debtor Name: BW BOWLING PROPERTIES LP<br>73239776 304190004                                                                                                                                                                             |                                                                                            |  |  |



UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS

|                                                                                                                            |                                                                                                                                                                                                                                             |
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| 11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form<br>20150630000218990 6/30/2015 CC AL Shelby |                                                                                                                                                                                                                                             |
| 12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form                                             |                                                                                                                                                                                                                                             |
| OR                                                                                                                         | 12a. ORGANIZATION'S NAME *<br>WILMINGTON TRUST, NATIONAL ASSOCIATION, AS TRUSTEE FOR THE BENEFIT OF THE REGISTERED HOLDERS OF JPMBB<br>COMMERCIAL MORTGAGE SECURITIES TRUST 2015-C30, COMMERCIAL MORTGAGE PASS-THROUGH CERTIFICATES, SERIES |
|                                                                                                                            | 12b. INDIVIDUAL'S SURNAME                                                                                                                                                                                                                   |
|                                                                                                                            | FIRST PERSONAL NAME                                                                                                                                                                                                                         |
|                                                                                                                            | ADDITIONAL NAME(S)/INITIAL(S) SUFFIX                                                                                                                                                                                                        |



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| 13. Name of DEBTOR on related financing statement (Name of a current Debtor of record required for indexing purposes only in some filing offices - see Instruction item 13): Provide only one Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); see Instructions if name does not fit |                                                      |                     |                                      |
| OR                                                                                                                                                                                                                                                                                                                                                     | 13a. ORGANIZATION'S NAME<br>BW BOWLING PROPERTIES LP |                     |                                      |
|                                                                                                                                                                                                                                                                                                                                                        | 13b. INDIVIDUAL'S SURNAME                            | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) SUFFIX |

14. ADDITIONAL SPACE FOR ITEM 8 (Collateral):  
Debtor Name and Address:  
BW BOWLING PROPERTIES LP - C/O ISTAR FINANCIAL INC., 1114 AVENUE OF THE AMERICAS, 39TH FLOOR , NEW YORK, NY 10036  
  
Secured Party Name and Address:  
WILMINGTON TRUST, NATIONAL ASSOCIATION, AS TRUSTEE FOR THE BENEFIT OF THE REGISTERED HOLDERS OF JPMBB COMMERCIAL MORTGAGE SECURITIES TRUST 2015-C30, COMMERCIAL MORTGAGE PASS-THROUGH CERTIFICATES, SERIES 2015-C30, AND IN ITS CAPACITY AS LEAD SECURITIZATION NOTE HOLDER - 1100 NORTH MARKET STREET , WILMINGTON, DE 19890

The complete information for Authorizer number 1  
  
WILMINGTON TRUST, NATIONAL ASSOCIATION, AS TRUSTEE FOR THE BENEFIT OF THE REGISTERED HOLDERS OF JPMBB COMMERCIAL MORTGAGE SECURITIES TRUST 2015-C30, COMMERCIAL MORTGAGE PASS-THROUGH CERTIFICATES, SERIES 2015-C30, AND IN ITS CAPACITY AS LEAD SECURITIZATION NOTE HOLDER  
1100 NORTH MARKET STREET  
WILMINGTON, DE 19890

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| 15. This FINANCING STATEMENT AMENDMENT:<br><input type="checkbox"/> covers timber to be cut <input type="checkbox"/> covers as-extracted collateral <input checked="" type="checkbox"/> is filed as a fixture filing | 17. Description of real estate:<br>SEE ATTACHED. |
| 16. Name and address of a RECORD OWNER of real estate described in item 17 (if Debtor does not have a record interest):                                                                                              |                                                  |



**EXHIBIT A**

Lot 1, according to the Survey of Cahaba Commons, as recorded in Map Book 13, page 145, in the Probate Office of Shelby County, Alabama.

TOGETHER WITH the rights granted in that certain Grant of Drainage Easement dated 02/29/2000 and recorded in Instrument 2000/07533 in said Probate Office.



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