	- 1							
		F					-	
υċ	C FINANCING STA	ATEMENTAN	MENDMEN ⁻	T				
_	LOW INSTRUCTIONS (front a			<u>.</u>				
	NAME & PHONE OF CONTAC							
	onice Otieno 205-226-19			<u> </u>				
В. \$	SEND ACKNOWLEDGMENT T	FO: (Name and Addre	ess)					
							* 11	
	Alabama Power Co	mpany						
	600 18th St N	* - *			2020050700017	2490 1/2	\$. 00	
	Birmingham, AL 3:	5203		•	20200507000179 Shelby Cnty J	udge of	Probate, AL	•
					Shelby Cnty J 05/07/2020 10	:14:56 F	AM EILEDICEK	
								-
		-		·	THE ABOVE SP	ACE IS FO	OR FILING OFFICE USE (ONLY
a.	NITIAL FINANCING STATEMENT	FILE#				1b. Thi	s FINANCING STATEMENT A	MENDMENT is
		201206220	000221700	•			be filed [for record] (or records AL ESTATE RECORDS.	ed) in the
2. [X TERMINATION: Effectivenes	s of the Financing State			to security interest(s) of the			
	CONTINUATION; Effectives							
L 	continued for the additional per			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
	ASSIGNMENT (full or partial)): Give name of assigne	e in item 7a or 7b and ac	ddress of assignee in it	em 7c; and also give name o	of assignor in	item 9.	
, <i>/</i>	AMENDMENT (PARTY INFOR	RMATION): This Amer	ndment affects Debt	tor <u>or</u> Secured P	arty of record. Check only o	one of these	two boxes.	
:7	Also check <u>one</u> of the following three	•	• • • •			. : . :		
	CHANGE name and/or address: name (if name change) in item 7	Give current record nar a or-7b and/or new addr	ne in item 6a or 6b; also ress (if address change) i	give new DEL in item 7c. to be	ETE name: Give record name deleted in item 6a or 6b.	rie Al	DD name: Complete item 7a d m 7c; also complete items 7d	or 7b, and also -7g (if applicabl
i. (CURRENT RECORD INFORMAT			• • •				· · · · · · · · · · · · · · · · · · ·
•	6a. ORGANIZATION'S NAME					:	· · · · · · · · · · · · · · · · · · ·	
: DR		· · · · · · · · · · · · · · · · · · ·	······································	T	·	- Learner -		: 1
"	Burton			FIRST NAME		MIDDLE	NAME	SUFFIX
				Loneir		Lewis		JI.
?:.(CHANGED (NEW) OR ADDED IN	NFORMATION:	<u> </u>		· · · · · · · · · · · · · · · · · · ·		······································	
•	LZA MOMANIZATIMNIM NIANE	•			•			
•	7a, ORGANIZATION'S NAME	· · · · · · · · · · · · · · · · · · ·			• • •		::	•
DŔ	7a, ORGANIZATION'S NAME 7b, INDIVIDITAL'S LAST NAME	· · · · · · · · · · · · · · · · · · ·		TEIRST NAME		· : ·	NAME	:
DŔ				: '. : . :		· : ·		:
DŔ		· · · · · · · · · · · · · · · · · · ·		FIRST NAME Kathryn		MIDDLE Dann	NAME:	SUFFIX
)Ŕ c. 1		· · · · · · · · · · · · · · · · · · ·		: '. : . :		MIDDLE Dann	NAME	SUFFIX
;;; ;; 1 ;; 1		· · · · · · · · · · · · · · · · · · ·		FIRST NAME Kathryn		MIDDLE Dann STATE AL	POSTAL CODE 35080	SUFFIX COUNTRY US
)Ř c. d.	7b. INDIVIDUAL'S LAST NAME Burton MAILING ADDRESS 1466 Amberley Woods TAX ID #: SSN OR EIN ADD'L ORGA	S CV INFO RE 7e. TYPE O		FIRST NAME Kathryn		MIDDLE Dann STATE AL	NAME er POSTAL CODE 35080	SUFFIX COUNTRY US
Ċ.	7b. INDIVIDUAL'S LAST NAME Burton MAILING ADDRESS 1466 Amberley Woods TAX ID #: SSN OR EIN ADD'L ORGA DEBTO	S CV INFO RE 7e. TYPE O NIZATION OR:	FORGANIZATION	FIRST NAME Kathryn		MIDDLE Dann STATE AL	POSTAL CODE 35080 SANIZATIONAL ID #, if any	SUFFIX COUNTRY US
٠.	7b. INDIVIDUAL'S LAST NAME Burton MAILING ADDRESS 466 Amberley Woods TAX ID #: SSN OR EIN ADD'L ORGA DEBTO	S CV INFO RE 7e. TYPE O NIZATION OR: CHANGE): check onl	F ORGANIZATION y one box	FIRST NAME Kathryn CITY Helena 7f. JURISDICTION O	FORGANIZATION	MIDDLE Dann STATE AL	POSTAL CODE 35080	SUFFIX COUNTRY US
	7b. INDIVIDUAL'S LAST NAME Burton MAILING ADDRESS 1466 Amberley Woods TAX ID #: SSN OR EIN ADD'L ORGA DEBTO	S CV INFO RE 7e TYPE O NIZATION OR: CHANGE): check onl added, or give enti	FORGANIZATION	FIRST NAME Kathryn CITY Helena 7f. JURISDICTION O	FORGANIZATION	MIDDLE Dann STATE AL	POSTAL CODE 35080 SANIZATIONAL ID #, if any	SUFFIX COUNTRY US
	7b. INDIVIDUAL'S LAST NAME Burton MAILING ADDRESS 466 Amberley Woods TAX ID #: SSN OR EIN ADD'L ORGA DEBTO	S CV INFO RE 7e. TYPE O NIZATION OR: CHANGE): check onl	F ORGANIZATION y one box	FIRST NAME Kathryn CITY Helena 7f. JURISDICTION O	F ORGANIZATION be collateral assigned	MIDDLE Dann STATE AL	POSTAL CODE 35080 SANIZATIONAL ID #, if any	SUFFIX COUNTRY US
	7b. INDIVIDUAL'S LAST NAME Burton MAILING ADDRESS 466 Amberley Woods TAX ID #: SSN OR EIN ADD'L ORGA DEBTO	S CV INFO RE 7e TYPE O NIZATION OR: CHANGE): check onl added, or give enti	F ORGANIZATION y one box	FIRST NAME Kathryn CITY Helena 7f. JURISDICTION O	F ORGANIZATION be collateral assigned	MIDDLE Dann STATE AL 7g. ORG	POSTAL CODE 35080 SANIZATIONAL ID #, if any	COUNTRY
	7b. INDIVIDUAL'S LAST NAME Burton MAILING ADDRESS 1466 Amberley Woods TAX ID #: SSN OR EIN ADD'L ORGA DEBTO AMENDMENT (COLLATERAL Describe collateral deleted or	S CV INFO RE 7e TYPE O NIZATION OR: CHANGE): check onl	F ORGANIZATION y one box	FIRST NAME Kathryn CITY Helena 7f. JURISDICTION O	F ORGANIZATION be collateral assigned	MIDDLE Dann STATE AL 7g. ORG	POSTAL CODE 35080 SANIZATIONAL ID #, if any	SUFFIX COUNTRY US
	7b. INDIVIDUAL'S LAST NAME Burton MAILING ADDRESS 1466 Amberley Woods TAX ID #: SSN OR EIN ADD'L ORGA DEBTO AMENDMENT (COLLATERAL Describe collateral deleted or	S CV INFO RE 7e TYPE O NIZATION OR: CHANGE): check onl	F ORGANIZATION y one box	FIRST NAME Kathryn CITY Helena 7f. JURISDICTION O	F ORGANIZATION be collateral assigned	MIDDLE Dann STATE AL 7g. ORG	POSTAL CODE 35080 SANIZATIONAL ID #, if any	COUNTRY
٠.	7b. INDIVIDUAL'S LAST NAME Burton MAILING ADDRESS 1466 Amberley Woods TAX ID #: SSN OR EIN ADD'L ORGA DEBTO AMENDMENT (COLLATERAL Describe collateral deleted or	S CV INFO RE 7e TYPE O NIZATION OR: CHANGE): check onl	F ORGANIZATION y one box	FIRST NAME Kathryn CITY Helena 7f. JURISDICTION O	FORGANIZATION be collateral assigned	MIDDLE Dann STATE AL 7g. ORG	POSTAL CODE 35080 SANIZATIONAL ID #, if any	COUNTRY
	7b. INDIVIDUAL'S LAST NAME Burton MAILING ADDRESS 1466 Amberley Woods TAX ID #: SSN OR EIN ADD'L ORGA DEBTO AMENDMENT (COLLATERAL Describe collateral deleted or	S CV INFO RE 7e TYPE O NIZATION OR: CHANGE): check onl	F ORGANIZATION y one box	FIRST NAME Kathryn CITY Helena 7f. JURISDICTION O	FORGANIZATION be collateral assigned	MIDDLE Dann STATE AL 7g. ORG	POSTAL CODE 35080 SANIZATIONAL ID #, if any	COUNTRY
٠.	7b. INDIVIDUAL'S LAST NAME Burton MAILING ADDRESS 1466 Amberley Woods TAX ID #: SSN OR EIN ADD'L ORGA DEBTO AMENDMENT (COLLATERAL Describe collateral deleted or	S CV INFO RE 7e TYPE O NIZATION OR: CHANGE): check onl	F ORGANIZATION y one box	FIRST NAME Kathryn CITY Helena 7f. JURISDICTION O	FORGANIZATION be collateral assigned	MIDDLE Dann STATE AL 7g. ORG	POSTAL CODE 35080 SANIZATIONAL ID #, if any	COUNTRY
•	7b. INDIVIDUAL'S LAST NAME Burton MAILING ADDRESS 1466 Amberley Woods TAX ID #: SSN OR EIN ADD'L ORGA DEBTO AMENDMENT (COLLATERAL Describe collateral deleted or	S CV INFO RE 7e. TYPE ON NIZATION OR: CHANGE): check onl added, or give entity	F ORGANIZATION y one box	FIRST NAME Kathryn CITY Helena 7f. JURISDICTION O	FORGANIZATION be collateral assigned	MIDDLE Dann STATE AL 7g. ORG	POSTAL CODE 35080 SANIZATIONAL ID #, if any	COUNTRY
	7b. INDIVIDUAL'S LAST NAME Burton MAILING ADDRESS 1466 Amberley Woods TAX ID #: SSN OR EIN ADD'L ORGA DEBTO AMENDMENT (COLLATERAL Describe collateral deleted or	S CV INFO RE 7e TYPE O NIZATION OR: CHANGE): check onl	F ORGANIZATION y one box	FIRST NAME Kathryn CITY Helena 7f. JURISDICTION O	FORGANIZATION be collateral assigned	MIDDLE Dann STATE AL 7g. ORG	POSTAL CODE 35080 SANIZATIONAL ID #, if any	COUNTRY US
	Burton MAILING ADDRESS 1466 Amberley Woods TAX ID #: SSN OR EIN ADD'L ORGA DEBTO AMENDMENT (COLLATERAL Describe collateral deleted or	S CV NIZATION OR: CHANGE): check onl added, or give enti	FORGANIZATION y one box. ire restated collateral	FIRST NAME Kathryn CITY Helena 7f. JURISDICTION Of description, or description.	FORGANIZATION be collateral assigned	MIDDLE Dann STATE AL 7g. ORG	POSTAL CODE 35080 SANIZATIONAL ID #, if any	COUNTRY US
j. h	TAX ID #: SSN OR EIN ADD'L ORGA DEBTO AMENDMENT (COLLATERAL Describe collateral deleted or	S CV INFO RE 7e. TYPE ON NIZATION OR:	FORGANIZATION y one box. ire restated collateral	FIRST NAME Kathryn CITY Helena 7f. JURISDICTION O	FORGANIZATION be collateral assigned assigned assigned assigned assignment assignment.	MIDDLE Dann STATE AL 7g. ORG	POSTAL CODE 35080 SANIZATIONAL ID #, if any	COUNTRY US
). h	Burton MAILING ADDRESS 1466 Amberley Woods TAX ID #: SSN OR EIN ADD'L ORGA DEBTO AMENDMENT (COLLATERAL Describe collateral deleted or	S CV INFO RE 7e. TYPE ON NIZATION OR:	FORGANIZATION y one box. ire restated collateral	FIRST NAME Kathryn CITY Helena 7f. JURISDICTION O	FORGANIZATION be collateral assigned assigned assigned assigned assignment assignment.	MIDDLE Dann STATE AL 7g. ORG	POSTAL CODE 35080 SANIZATIONAL ID #, if any	COUNTRY US
). h	TAX ID #: SSN OR EIN ADD'L ORGA DEBTO AMENDMENT (COLLATERAL Describe collateral deleted or adds the authorizing deleteral or adds the authori	S CV INFO RE 7e. TYPE ON NIZATION OR:	FORGANIZATION y one box. ire restated collateral	FIRST NAME Kathryn CITY Helena 7f. JURISDICTION O	FORGANIZATION be collateral assigned assigned assigned assigned assignment assignment.	MIDDLE Dann STATE AL 7g. ORG	POSTAL CODE 35080 SANIZATIONAL ID #, if any	COUNTRY US
1 · · ·	TAX ID #: SSN OR EIN ADD'L ORGA DEBTO AMENDMENT (COLLATERAL Describe collateral deleted or adds the authorizing deleteral or adds the authori	S CV INFO RE 7e. TYPE ON NIZATION OR:	FORGANIZATION y one box. ire restated collateral	FIRST NAME Kathryn CITY Helena 7f. JURISDICTION O	FORGANIZATION be collateral assigned assigned assigned assigned assignment assignment.	ent). If this is BTOR authors	POSTAL CODE 35080 SANIZATIONAL ID #, if any	COUNTRY US NON
i.e	TAX ID #: SSN OR EIN ADD'L ORGA DEBTO AMENDMENT (COLLATERAL Describe collateral deleted or adds the authorizing deleteral or adds the authori	S CV INFO RE 7e. TYPE ON NIZATION OR:	FORGANIZATION y one box. ire restated collateral	FIRST NAME Kathryn CITY Helena 7f. JURISDICTION O	FORGANIZATION be collateral assigned assignor, if this is an Assignm and enter name of DE	ent). If this is BTOR authors	POSTAL CODE 35080 SANIZATIONAL ID#, if any orizing this Amendment.	COUNTRY US NON

: . . : : .

. . . .

.

UCC FINANCING STATEMENT AMENDMENT ADDENDUM!

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

11. INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendment form) 20120622000221700

12. NAME OF PARTY AUTHORIZING THIS AMENDMENT (same as item 9 on Amendment form)

12a. ORGANIZATION'S NAME

Alabama Power Company OR 12b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME, SUFFIX

13. Use this space for additional information

Shelby Cnty Judge of Probate, AL 05/07/2020 10:14:56 AM FILED/CERT

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY