
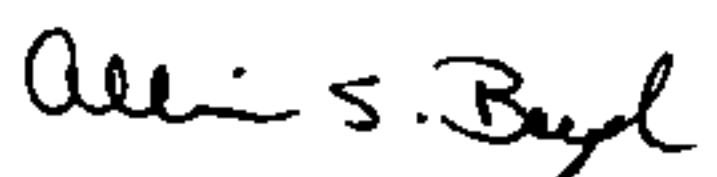




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UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) KELLY KEMMERER 713-852-3542									
B. E-MAIL CONTACT AT FILER (optional) kelly.kemmerer@am.jll.com									
C. SEND ACKNOWLEDGMENT TO: (Name and Address) <div style="border: 1px solid black; padding: 5px; margin: 5px 0;">HFF, LP 9 GREENWAY PLAZA SUITE 700 HOUSTON, TEXAS 77046</div>									
<div style="display: flex; justify-content: space-around; align-items: center;"><div style="text-align: center;"></div><div style="text-align: left;"><p>Filed and Recorded Official Public Records Judge of Probate, Shelby County Alabama, County Clerk Shelby County, AL 05/13/2020 02:59:55 PM S.00 CHARITY 20200513000190010</p></div><div style="text-align: right;"></div></div> <p style="margin-top: 10px;">THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY</p>									
1a. INITIAL FINANCING STATEMENT FILE NUMBER 20170404000113430 FILED 4/4/2017		1b. <input checked="" type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13							
2. <input checked="" 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 For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8									
4. <input 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: <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div>Check <u>one</u> of these two boxes: <input type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record</div><div>AND Check <u>one</u> of these three boxes to: <div style="display: flex; justify-content: space-between; font-size: small;"><div>CHANGE name and/or address: Complete <input type="checkbox"/> item 6a or 6b; and item 7a or 7b and item 7c</div><div>ADD name: Complete item <input type="checkbox"/> 7a or 7b, and item 7c</div><div>DELETE name: Give record name <input type="checkbox"/> to be deleted in item 6a or 6b</div></div></div></div>									
6. CURRENT RECORD INFORMATION: Complete for Party Information Change – provide only <u>one</u> name (6a or 6b)									
OR	<div style="border: 1px solid black; padding: 2px;">ALI DANBERRY LESSEE, LLC</div> <table border="1" style="width: 100%; border-collapse: collapse; font-size: small;"><tr><td style="width: 40%;">6b. INDIVIDUAL'S SURNAME</td><td style="width: 30%;">FIRST PERSONAL NAME</td><td style="width: 20%;">ADDITIONAL NAME(S)/INITIAL(S)</td><td style="width: 10%;">SUFFIX</td></tr></table>				6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
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7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only <u>one</u> name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)									
OR	<table border="1" style="width: 100%; border-collapse: collapse; font-size: small;"><tr><td style="width: 100%;">7a. ORGANIZATION'S NAME</td></tr><tr><td>7b. INDIVIDUAL'S SURNAME</td></tr><tr><td>INDIVIDUAL'S FIRST PERSONAL NAME</td></tr><tr><td>INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)</td></tr><tr><td>SUFFIX</td></tr></table>				7a. ORGANIZATION'S NAME	7b. INDIVIDUAL'S SURNAME	INDIVIDUAL'S FIRST PERSONAL NAME	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
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SUFFIX									
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8. <input type="checkbox"/> COLLATERAL CHANGE: Also check <u>one</u> 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 Indicate collateral:									
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only <u>one</u> name (9a or 9b) (name of Assignor, if this is an Assignment) If this is an Amendment authorized by a DEBTOR, check here <input type="checkbox"/> and provide name of authorizing Debtor									
OR	<div style="border: 1px solid black; padding: 2px;">U.S. BANK NATIONAL ASSOCIATION, AS TRUSTEE FOR THE REGISTERED HOLDERS OF BARCLAYS COMMERCIAL MORTGAGE SECURITIES LLC, MULTIFAMILY MORTGAGE PASS-THROUGH CERTIFICATES, SERIES 2017-KF32</div> <table border="1" style="width: 100%; border-collapse: collapse; font-size: small;"><tr><td style="width: 40%;">9b. INDIVIDUAL'S SURNAME</td><td style="width: 30%;">FIRST PERSONAL NAME</td><td style="width: 20%;">ADDITIONAL NAME(S)/INITIAL(S)</td><td style="width: 10%;">SUFFIX</td></tr></table>				9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
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10. OPTIONAL FILER REFERENCE DATA: RELEASE FREMF 2017-KF32 LN #100008191 UCC3 TERM OPERATOR									