

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

| | |
|---|---------------------------------|
| A. NAME & PHONE OF CONTACT AT FILER (optional) Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141 | |
| B. E-MAIL CONTACT AT FILER (optional) uccfilingreturn@wolterskluwer.com | |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address) 9418 - BB & T - MASTER | |
| Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071 | 76801400 ALAL FIXTURE |
| File with: Shelby, AL | |



20200918000419890 1/3 \$41.00
Shelby Cnty Judge of Probate, AL
09/18/2020 12:27:27 PM FILED/CERT

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

| | |
|--|---|
| 1a. INITIAL FINANCING STATEMENT FILE NUMBER 20151123000404700 11/23/2015 CC AL Shelby | 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 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 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: 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: <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 SOUTHLAKE MEDICAL OFFICE PARTNERS, LLC | |
| OR | 6b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) 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 INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX |
| 7c. MAILING ADDRESS CITY STATE POSTAL CODE 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 Indicate collateral: | |

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)

If this is an Amendment authorized by a DEBTOR, check here ☐ and provide name of authorizing Debtor

| | | | |
|---|--------------------------|---------------------|---|
| 9a. ORGANIZATION'S NAME Branch Banking and Trust Company | | | |
| OR | 9b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) SUFFIX |

10. OPTIONAL FILER REFERENCE DATA: Debtor Name: SOUTHLAKE MEDICAL OFFICE PARTNERS, LLC
76801400 8621170

Commercial

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS

11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form

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12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form

12a. ORGANIZATION'S NAME

Branch Banking and Trust Company

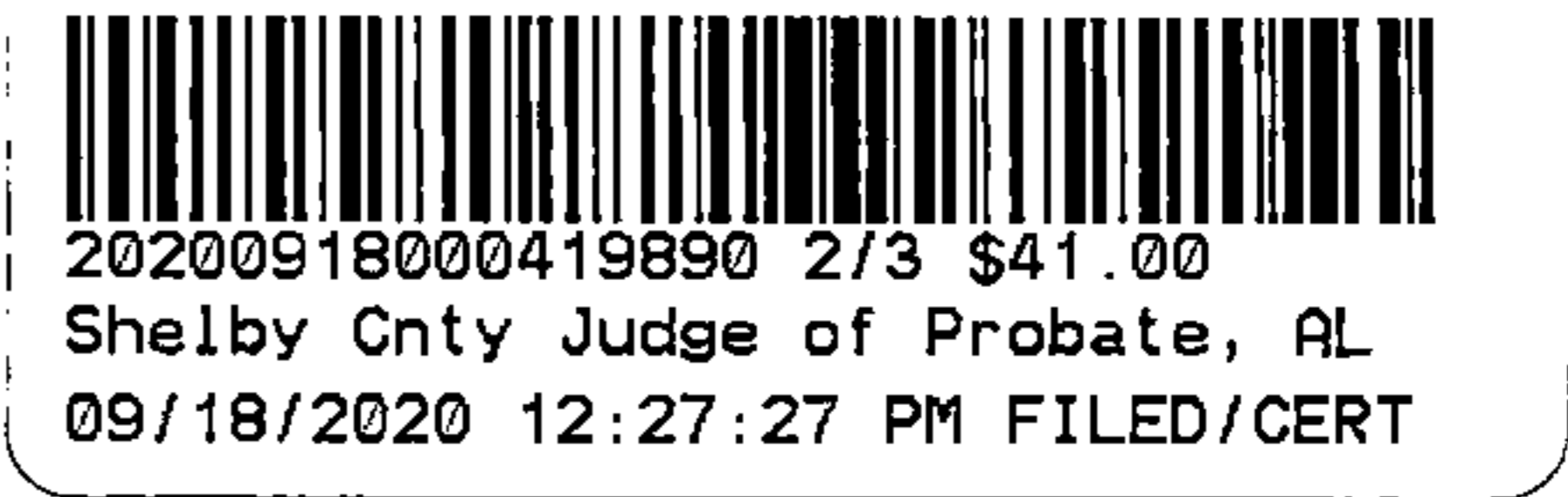
OR

12b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX



THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

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

13a. ORGANIZATION'S NAME

SOUTHLAKE MEDICAL OFFICE PARTNERS, LLC

OR

13b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

14. ADDITIONAL SPACE FOR ITEM 8 (Collateral):
Debtor Name and Address:
SOUTHLAKE MEDICAL OFFICE PARTNERS, LLC - 7500 High Daniel Drive, Suite 300 , Birmingham, AL 35242

Secured Party Name and Address:
Branch Banking and Trust Company - , , AL

15. This FINANCING STATEMENT AMENDMENT:
☐ covers timber to be cut ☐ covers as-extracted collateral ☒ is filed as a fixture filing

16. Name and address of a RECORD OWNER of real estate described in item 17 (if Debtor does not have a record interest):

17. Description of real estate:
Real property described on Exhibit B, attached hereto and made a part hereof

EXHIBIT B

Description of Real Property

Lot 1-A, according to the Resurvey of Lots 2, 4, and 5, Medplex, as recorded in Map Book 15, Page 20, in the Probate Office of Shelby County, Alabama; being situated in Shelby County, Alabama.

Together with beneficial rights granted in those certain easements and other instruments recorded in Real Book 153, Page 395; Real Book 155, Page 944; Real Book 154, Page 735; Real Book 170, Page 303; and Map Book 15, Page 20 and Instrument # 20131209000480010 in the Probate Office of Shelby County, Alabama.

