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UCC FINANCING STATEMENT AMENDMI	ENT				
FOLLOW INSTRUCTIONS					
A. NAME & PHONE OF CONTACT AT FILER (optional) Jenna Brown 337-359-1345					
B. E-MAIL CONTACT AT FILER (optional)					
Jenna. Brown@IBERIABANK.COM					-
C. SEND ACKNOWLEDGMENT TO: (Name and Address)					
IBERIABANK					
PO BOX 12440		20	201104000499	 	
NEW IBERIA LA 70562-2440				dge of Probate, Ai 49:40 AM FILED/CE	
	_		<u> </u>	R FILING OFFICE USE	
1a. INITIAL FINANCING STATEMENT FILE NUMBER FILE # 20101230000439600		1b. This FINANCING (or recorded) in the	STATEMENT AME	NDMENT is to be filed [to	record]
2. TERMINATION: Effectiveness of the Financing Statement identified Statement	l above is termina		·	m UCC3Ad) <u>and provide Debi</u> cured Party authorizing this	_
ASSIGNMENT (full or partial): Provide name of Assignee in item 7a For partial assignment, complete items 7 and 9 and also indicate affects.			<u>ป</u> name of Assignor	in item 9	
4. CONTINUATION: Effectiveness of the Financing Statement identificant continued for the additional period provided by applicable law			s) of Secured Party	authorizing this Continuat	ion Statement is
5. PARTY INFORMATION CHANGE:				<u>.</u>	
Check one of these two boxes: AND Check	ck <u>one</u> of these th				
This Change affects Debtor or Secured Party of record	CHANGE name an item 6a or 6b; <u>and</u>	id/or address: Complete item 7a or 7b <u>and</u> item 7c	ADD name: Comple 7a or 7b, <u>and</u> item 7	te item DELETE name: c to be deleted in	Give record name item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Information 6a. ORGANIZATION'S NAME	Change - provide	only <u>one</u> name (6a or 6b)	_		
W.A.S LLC					•
)R		RSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX		SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party In	nformation Change - pr	rovide only <u>one</u> name (7a or 7b) (use ex	xact, full name; do not o	nit, modify, or abbreviate any part	of the Debtor's name)
7a. ORGANIZATION'S NAME				-	
OR 7b. INDIVIDUAL'S SURNAME					
INTERNATION DE POST DE					
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				<u>-</u> -	SUFFIX
			-	~	"- '
7c. MAILING ADDRESS	CITY	•	STATE	POSTAL CODE	COUNTRY
8. COLLATERAL CHANGE: Also check one of these four boxes:	ADD collateral	DELETE collateral	RESTATE	overed collateral	ASSIGN collateral
Indicate collateral:					
		-			
•					
	<u> </u>				
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING TH		_	or 9b) (name of As	signor, if this is an Assignm	ent)
9a. ORGANIZATION'S NAME IBERIABANK					
9b. INDIVIDUAL'S SURNAME	FIRST PE	RSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
				•	, i
10. OPTIONAL FILER REFERENCE DATA: LOAN # 5300214256(600/2410) SHELBY	Y AL				•