



01/15/2021 12:57:32 PM FILED/CERT UCC FINANCING STATEMENT AMENDMENT **FOLLOW INSTRUCTIONS** A. NAME & PHONE OF CONTACT AT FILER (optional) Jay Rogers 205-985-2809 B. E-MAIL CONTACT AT FILER (optional) C. SEND ACKNOWLEDGMENT TO: (Name and Address) **Avadian Credit Union** PO Box 360287 Birmingham, AL 35236 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY This FINANCING STATEMENT AMENDMENT is to be filed [for record] 1a. INITIAL FINANCING STATEMENT FILE NUMBER (or recorded) in the REAL ESTATE RECORDS 20200804000331430 Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13 2. | TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement 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 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 PARTY INFORMATION CHANGE: AND Check one of these three boxes to: Check one of these two boxes: → CHANGE name and/or address: Complete ADD name: Complete item DELETE name: Give record name This Change affects Debtor or Secured Party of record 7a or 7b, <u>and</u> item 7c item 6a or 6b; and item 7a or 7b and item 7c 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 Ponder Properties, L.L.C. 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 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 7c. MAILING ADDRESS POSTAL CODE CITY STATE COUNTRY COLLATERAL CHANGE: Also check one of these four boxes: ✓ DELETE collateral ADD collateral RESTATE covered collateral **ASSIGN** collateral Indicate collateral: The goods are or are to become fixtures on: Lots 1 and 2, Block 2, according to the survey of Cedar Grove Estates, as recorded in Map Book 3, page 53, in the probate of Shelby County, Alabama 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 9b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

10. OPTIONAL FILER REFERENCE DATA: