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UCC FINANCING STATEMENT AMENDMEN	VT .		•	
FOLLOW INSTRUCTIONS	•	·		
A. NAME & PHONE OF CONTACT AT FILER (optional) Patti Layton 678-821-1534		•		
B. E-MAIL CONTACT AT FILER (optional)				
playton@americancommercebank.com C. SEND ACKNOWLEDGMENT TO: (Name and Address)				
American Commerce Bank N.A.		202103040	00109260 1/1 \$3 9.00	
400 US Hwy 27 Bypass		Shelby Cn	ty Judge of Probate, AL	
Bremen GA 30110		03/04/202	1 02:43:03 PM FILED/CERT	
		THE ABOVE SPA	CE IS FOR FILING OFFICE USE	ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER 20160824000305220	_	(or recorded) in the REAL	MENT AMENDMENT is to be filed [for ESTATE RECORDS lendum (Form UCC3Ad) and provide Debt	-
2. TERMINATION: Effectiveness of the Financing Statement identified ab	ove is terminated v			
3. ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or For partial assignment, complete items 7 and 9 and also indicate affected			f Assignor in item 9	
4. CONTINUATION: Effectiveness of the Financing Statement identified continued for the additional period provided by applicable law	above with respect	to the security interest(s) of Security	ured Party authorizing this Continuati	on Statement is
5. PARTY INFORMATION CHANGE:		<u> </u>		
Check one of these two boxes:	ne of these three bo		O	Oh
This Change affects Debtor or Secured Party of record item	ANGE name and/or and tem 7		ne: Complete item DELETE name: and item 7c to be deleted in	Give record name item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Information Ch	ange - provide only	one name (6a or 6b)		
6a. ORGANIZATION'S NAME				
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSON	IAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information 7a. ORGANIZATION'S NAME	nation Change - provide (only <u>one</u> name (7a or 7b) (use exact, full na	me; do not omit, modity, or abbreviate any part	of the Debtor's name)
	•			
7b. INDIVIDUAL'S SURNAME			· · · · · · · · · · · · · · · · · · ·	
INDIVIDUAL'S FIRST PERSONAL NAME				·
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	•			SUFFIX
7c. MAILING ADDRESS	CITY		ISTATE POSTAL CODE	COUNTRY
8. COLLATERAL CHANGE: Also check one of these four boxes: A	DD collateral	DELETE collateral	RESTATE covered collateral	ASSIGN collateral
Indicate collateral:				
	•			
• •			•	-
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9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS If this is an Amendment authorized by a DEBTOR, check here and provide	AMENDMENT: F		name of Assignor, if this is an Assignme	ent)
If this is an Amendment authorized by a DEBTOR, check here and provided and ORGANIZATION'S NAME			name of Assignor, if this is an Assignme	ent)
9a. ORGANIZATION'S NAME American Commerce Bank N.A.	e name of authorizin	ng Debtor		
If this is an Amendment authorized by a DEBTOR, check here and provided an ORGANIZATION'S NAME American Commerce Bank N.A.		ng Debtor	ame of Assignor, if this is an Assignment	SUFFIX
9a. ORGANIZATION'S NAME American Commerce Bank N.A.	e name of authorizin	ng Debtor		