UCC FINANCING STATEMENT AMENDMEN

FOLLOW INSTRUCTIONS

2105 05053 CSC 801 Adlai Stevenson Drive Springfield, IL 62703	Filed In: Alabama (Shelby)
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	
B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscglobal.com	
A. NAME & PHONE OF CONTACT AT FILER (optional) CSC 1-800-858-5294	

Filed and Recorded Official Public Records Judge of Probate, Shelby County Alabama, County Clerk Shelby County, AL 05/03/2021 09:40:59 AM **\$39.00 KIMBERLY**

20210503000217700

C. SEND ACKNOWLEDGMENT TO: (Name and Address)		20210503000217700			
2105 05053	05/03/2021 09:40:59 AM				
CSC		UCCCO	NT 1/1		
801 Adlai Stevenson Drive					
Springfield, IL 62703	Filed In: Alabama				
	(Shelby)	THE ABOVE OD		ONU M	
1a. INITIAL FINANCING STATEMENT FILE NUMBER			MENT AMENDMENT is to be filed (for		
#20110929000288980 9/29/2011		1b. 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. TERMINATION: Effectiveness of the Financing Statement	t identified above is terminated v		· · · · · · · · · · · · · · · · · · ·		
3. ASSIGNMENT (full or partial): Provide name of Assigned For partial assignment, complete items 7 and 9 and also incomplete.			of Assignor in item 9		
4. CONTINUATION: Effectiveness of the Financing Statem continued for the additional period provided by applicable la		to the security interest(s) of Sec	cured Party authorizing this Continuation	on Statement is	
5. PARTY INFORMATION CHANGE:					
CHECK OHE OF THESE INC DOXES.	AND Check one of these three be CHANGE name and/or a	address: CompleteADD nai	me: Complete itemDELETE name:		
This Change affects Debtor or Secured Party of record	item 6a or 6b; <u>and</u> item 7		, <u>and</u> item 7c to be deleted in i	tem 6a or 6b	
6. CURRENT RECORD INFORMATION: Complete for Party I	niormation Change - provide only	one name (oa or ob)			
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSON	JAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
7. CHANGED OR ADDED INFORMATION: Complete for Assignm	ent or Party Information Change - provide	only one name (7a or 7b) (use exact_full r	ame: do not omit, modify, or abbreviate any part of	f the Debtor's name)	
7a. ORGANIZATION'S NAME	ent of Farty Information Change - provide	Jilly Olic Hairie (78 Ol 70) (use exact, full fi	iame, ao not omit, modify, or abbreviate any part o	the Debtor 3 Harrie)	
7b. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(\$)/INITIAL(\$)				SUFFIX	
7c. MAILING ADDRESS	CITY		STATE POSTAL CODE	COUNTRY	
8. COLLATERAL CHANGE: Also check one of these four be	oxes: ADD collateral	DELETE collateral	RESTATE covered collateral	ASSIGN collateral	
Indicate collateral:	TABB conatoral			tooron conditional	
• • • • • • • • • • • • • • • • • • •					
9. NAME OF SECURED PARTY OF RECORD AUTHOR If this is an Amendment authorized by a DEBTOR, check here	IZING THIS AMENDMENT: Particle and provide name of authorizing	, , ,	name of Assignor, if this is an Assignme	nt)	
ServisFirst Bank					
9b. INDIVIDUAL'S SURNAME	FIRST PERSON	JAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
9a. ORGANIZATION'S NAME Servis First Bank			ADDITIONAL NAME(\$)/INITIAL(\$)	SUFF	

10. OPTIONAL FILER REFERENCE DATA::14120

2105 05053