



Shelby Cnty Judge of Probate, AL 05/10/2021 02:15:55 PM FILED/CERT

UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS A. NAME & PHONE OF CONTACT AT FILER (optional) **Star Dailey** B. E-MAIL CONTACT AT FILER (optional) sdailey@ssbank.bank C. SEND ACKNOWLEDGMENT TO: (Name and Address) Southern States Bank 615 Quintard Ave **Anniston AL 36201** 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 20161003000360260 Filer. attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13. 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. 4. | 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 , DELETE name: Give record name ADD name: Complete item This Change affects | Debtor or | Secured Party of record 7a or 7b, <u>and</u> item 7c to be deleted in item 6a or 6b item 6a or 6b; and item 7a or 7b and item 7c 6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b) 6a. ORGANIZATION'S NAME 6b. INDIVIDUAL'S SURNAME SUFFIX ADDITIONAL NAME(S)/INITIAL(S) FIRST PERSONAL NAME 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 SUFFIX INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) COUNTRY POSTAL CODE 7c. MAILING ADDRESS CITY STATE COLLATERAL CHANGE: Also check one of these four boxes: ASSIGN collateral RESTATE covered collateral **DELETE** collateral ADD 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 Southern States Bank ADDITIONAL NAME(S)/INITIAL(S) SUFFIX FIRST PERSONAL NAME

10. OPTIONAL FILER REFERENCE DATA:

Sunbelt Sod Co., LLC/ Hamner Land