20210614000289430 06/14/2021 02:08:43 PM UCCCONT 1/1

UCC FINANCING STATEMENT AMENDMENT

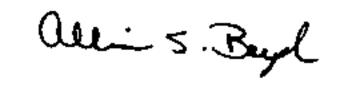
FOLLOW INSTRUCTIONS A. NAME & PHONE OF CONTACT AT FILER (optional) CSC 1-800-858-5294 B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscglobal.com

C. SEND ACKNOWLEDGMENT TO: (Name and Address) 2126 79438 CSC 801 Adlai Stevenson Drive Springfield, IL 62703 Filed In: Alabama (Shelby)



Filed and Recorded Official Public Records Judge of Probate, Shelby County Alabama, County Clerk Shelby County, AL

06/14/2021 02:08:43 PM S39.00 JOANN 20210614000289430



THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

 a. INITIAL FINANCING STATEMENT FILE NUMBER
20161109000414520 11/9/2016

1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS

20161109000414520 11/9/2016	Filer: <u>attach</u> Amendment Ade			name in item 13
TERMINATION: Effectiveness of the Financing Statement identified above is term Statement	inated with respect to the security intere	st(s) of Secured Part	y authorizing this Te	ermination
5. ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, <u>and</u> ad For partial assignment, complete items 7 and 9 <u>and</u> also indicate affected collateral i		of Assignor in item 9		
. CONTINUATION: Effectiveness of the Financing Statement identified above with continued for the additional period provided by applicable law	respect to the security interest(s) of Sec	ured Party authorizin	g this Continuation	Statement is
S. PARTY INFORMATION CHANGE:				
	and/or address: CompleteADD nan	ne: Complete item , <u>and</u> item 7c	DELETE name: Gir to be deleted in iter	
6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provi	de only <u>one</u> name (6a or 6b)			
6a. ORGANIZATION'S NAMEATTIC PLUS STORAGE PROPERTIE	ES III LLP			
6b. INDIVIDUAL'S SURNAME	PERSONAL NAME	ADDITIONAL NAME	E(S)/INITIAL(S)	SUFFIX
. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change	- provide only <u>one</u> name (7a or 7b) (use exact, full na	ame; do not omit, modify, or	abbreviate any part of th	e Debtor's name)
7a. ORGANIZATION'S NAME				
7b. INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
c. MAILING ADDRESS		STATE POSTAL	CODE	COUNTRY
COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral Indicate collateral:	al DELETE collateral F	RESTATE covered col	lateral AS:	SIGN 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)									
[1]	If this is an Amendment authorized by a DEBTOR, check here 🔲 and provide name of authorizing Debtor								
OR	9a. ORGANIZATION'S NAMESERVISFIRST BANK								
QK	9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(\$)/INITIAL(\$)	SUFFIX					

10. OPTIONAL FILER REFERENCE DATA::30890

2126 79438