20210805000379050 08/05/2021 10:00:52 AM

	UCC6 1/1				
UCC FINANCING STATEMENT AMENDMENT					
FOLLOW INSTRUCTIONS					

FOLLOW INSTRUCTIONS	ENT		Filed and Recorded	`
A. NAME & PHONE OF CONTACT AT FILER (optional) CSC 1-800-858-5294		■ Q17 =-	000379050 1/1 \$.00	anty _f
B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscglobal.com	<u> </u>	■ I' Shelby G	nty Judge of Probate, AL 21 10:00:52 AM FILED/CERT	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	<u> </u>	ARVID.		04
2153 65343 CSC 801 Adlai Stevenson Drive Springfield, IL 62703 File	ed In: Alabama (Shelby) [allis. Byl
	` <u>.</u>		SPACE IS FOR FILING OFFICE USE	
1a. INITIAL FINANCING STATEMENT FILE NUMBER 20181120000410400 11/20/2018		(er recorded) in the H	ATEMENT AMENDMENT is to be filed [for EAL ESTATE RECORDS and provide Debter 1 and provide Deb	
2. TERMINATION: Effectiveness of the Financing Statement identified Statement	above is terminated v	with respect to the security in	terest(s) of Secured Party authorizing thi	s Termination
3. ASSIGNMENT (full or partial): Provide name of Assignee in item 7a For partial assignment, complete items 7 and 9 and also indicate affect			me of Assignor in item 9	<u> </u>
4. CONTINUATION: Effectiveness of the Financing Statement identification continued for the additional period provided by applicable law	ed above with respect	t to the security interest(s) of	Secured Party authorizing this Continuat	tion Statement is
Check one of these two boxes:	tk <u>one</u> of these three b CHANGE name and/or a tem 6a or 6b; <u>and</u> item	address: CompleteADD	name: Complete itemDELETE name: r 7b, <u>and</u> item 7cto be deleted in	: Give record name item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Information 6a. ORGANIZATION'S NAME	Change - provide only	one name (6a or 6b)		
6b. INDIVIDUAL'S SURNAME LOPEZ	FIRST PERSON		ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party In Tra. ORGANIZATION'S NAME	nformation Change - provide	only <u>one</u> name (7a or 7b) (use exact,	full name; do not omit, modify, or abbreviate any part	of the Debtor's name)
OR 7b. INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME			<u> </u>	
INDIVIDUAL'S ADDITIONAL NAME(\$)/INITIAL(\$)				SUFFIX
7c. MAILING ADDRESS	CITY		STATE POSTAL CODE	COUNTRY
8. COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral:	ADD collateral	DELETE collateral	RESTATĘ covered collateral	ASSIGN collateral
	IS AMENDMENT:		9b) (name of Assignor, if this is an Assignn	nent)
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING TH	ovide name of authoriz	ing Deptoi		
<u></u>		ing Debtoi	(•
If this is an Amendment authorized by a DEBTOR, check here and pro			ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX