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UCC FINANCING STATEMENT AMENDA	1ENT				
FOLLOW INSTRUCTIONS A. NAME & PHONE OF CONTACT AT FILER (optional) Low Doggers					
Jay Rogers B. E-MAIL CONTACT AT FILER (optional)			·= • • • • • •		
C CEND ACKNOWLEDONATHE TO: (Norman and Addisons)	<u> </u>				
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	- -	2.0.	4 109300000	477990 474 4 4-	
Avadian Credit Union		09.	/30/2021	Judge of Probate, 1:18:49 AM FILED/	AL CERT
1 Riverchase Pkwy S Birmingham, AL 35244					
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10 INITIAL CINIANOINO OTATEMENTENENTENENTENEN				OR FILING OFFICE USE	
1a. INITIAL FINANCING STATEMENT FILE NUMBER 20170713000249620		(or recorded) in the F	REAL ESTATE	ENDMENT is to be filed [for RECORDS orm UCC3Ad) <u>and</u> provide Debt	_
2. TERMINATION: Effectiveness of the Financing Statement identification and the Statement	ed above is terminated				
3. ASSIGNMENT (full or partial): Provide name of Assignee in item	7a or 7b, <u>and</u> address	of Assignee in item 7c <u>and</u> na	me of Assigno	r in item 9	
For partial assignment, complete items 7 and 9 <u>and</u> also indicate af	fected collateral in item	1 8 			
I. CONTINUATION: Effectiveness of the Financing Statement iden continued for the additional period provided by applicable law	tified above with respe	ct to the security interest(s) of	Secured Party	y authorizing this Continuat	ion Statement is
5. PARTY INFORMATION CHANGE:					
Ollegy of rifese the payes.	neck <u>one</u> of these three CHANGE name and/or litem 6a or 6b; and item		name: Compl	ete item DELETE name: 7c to be deleted in	Give record name
3. CURRENT RECORD INFORMATION: Complete for Party Information			i 70, <u>and</u> item i	to be deleted in	
6a. ORGANIZATION'S NAME Cahaba 480, LLC		•			
6b. INDIVIDUAL'S SURNAME	FIRST PERSO	NAL NAME	ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Part	y Information Change - provid	e only <u>one</u> name (7a or 7b) (use exact,	full name; do not o	mit, modify, or abbreviate any part of	of the Debtor's name)
7a. ORGANIZATION'S NAME			•		
7b. INDIVIDUAL'S SURNAME	<u> </u>		<u>. </u>		
INDIVIDUAL'S EIRST DERSONAL NAME			_		_
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
COLLATERAL CHANGE: Also check one of these four boxes:	ADD collateral	DELETE collateral	RESTATE	covered collateral	ASSIGN collatera
Indicate collateral:					
NAME OF SECURED PARTY OF RECORD AUTHORIZING T If this is an Amendment authorized by a DEBTOR, check here and p	HIS AMENDMENT:	Provide only <u>one</u> name (9a or 9	b) (name of As	signor, if this is an Assignme	ent)
9a. ORGANIZATION'S NAME	name of authoriz	<u>. </u>			
Avadian Credit Union 9b. INDIVIDUAL'S SURNAME	FIRST PERSO	ΝΔΙ ΝΙΔΝΑΕ	LADDITIO	NAL NAME/ON/MITIAL (O)	lel IEEIV
- A	, ILIKO I PERSO	NAT MAINE	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
0. OPTIONAL FILER REFERENCE DATA:	<u></u>				