

20211206000580470 1/1 \$.00 Shelby Cnty Judge of Probate, AL 12/06/2021 12:48:04 PM FILED/CERT

UCC FINANCING STATEMENT AMENDN FOLLOW INSTRUCTIONS	1ENT			
A. NAME & PHONE OF CONTACT AT FILER (optional)				
B. E-MAIL CONTACT AT FILER (optional)	·			
C. SEND ACKNOWLEDGMENT TO: (Name and Address)				
Avadian Credit Union PO Box 360287 Birmingham, AL 35236				
		THE ABOVE SP	ACE IS FOR FILING OFFICE US	E ONL V
1a. INITIAL FINANCING STATEMENT FILE NUMBER 20200804000331380		1b. This FINANCING STATE (or recorded) in the REA	EMENT AMENDMENT is to be filed (	for record]
2. TERMINATION: Effectiveness of the Financing Statement identified Statement	ed above is terminated	with respect to the security inter-	est(s) of Secured Party authorizing t	his Termination
<ol> <li>ASSIGNMENT (full or partial): Provide name of Assignee in item For partial assignment, complete items 7 and 9 and also indicate aff</li> </ol>	7a or 7b, <u>and</u> address e ected collateral in item	of Assignee in item 7c <u>and</u> name 8	of Assignor in item 9	
4. CONTINUATION: Effectiveness of the Financing Statement ident continued for the additional period provided by applicable law	ified above with respec	ct to the security interest(s) of Se	cured Party authorizing this Continu	ation Statement is
	eck <u>one</u> of these three b			
5. CURRENT RECORD INFORMATION: Complete for Party Informatio	CHANGE name and/or item 6a or 6b; <u>and</u> item  n Change - provide only	address: Complete 7a or 7b <u>and</u> item 7c 7a or 7b one name (6a or 6b)	me: Complete item DELETE name, and item 7c to be deleted	e: Give record name in item 6a or 6b
Ponder Properties, LLC		-		
6b. INDIVIDUAL'S SURNAME	FIRST PERSOI	NAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party 7a. ORGANIZATION'S NAME	Information Change - provide	only <u>one</u> name (7a or 7b) (use exact, full n	ame; do not omit, modify, or abbreviate any pa	rt of the Debtor's name)
7b. INDIVIDUAL'S SURNAME				
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: Indicate collateral:	ADD collateral	DELETE collateral	RESTATE covered collateral	ASSIGN collateral
	•			
NAME OF SECURED PARTY OF RECORD AUTHORIZING TH	IS AMENDMENT: Povide name of authorizing	rovide only <u>one</u> name (9a or 9b) (n	name of Assignor, if this is an Assignm	ent) 🦿
9a. ORGANIZATION'S NAME  Avadian Credit Union		A Denioi		
9b. INDIVIDUAL'S SURNAME	FIRST PERSONA	AL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
OPTIONAL FILER REFERENCE DATA:				