

20211223000606370
12/23/2021 11:34:38 AM
UCC6 1/3

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Paul Wallace – (205) 254-1000				
B. E-MAIL CONTACT AT FILER (optional) pwallace@maynardcooper.com				
C. SEND ACKNOWLEDGEMENT TO: (Name and Address) <div style="display: flex; justify-content: space-between; align-items: center; padding: 10px;"><div style="font-size: 2em; line-height: 1;">{</div><div style="text-align: center; flex-grow: 1;"><p>Paul Wallace, Esq. Maynard, Cooper & Gale, P.C. 1901 Sixth Avenue North Suite 1700 Birmingham, Alabama 35203</p></div><div style="font-size: 2em; line-height: 1;">}</div></div>				
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY				

1a. INITIAL FINANCING STATEMENT FILE NUMBER 20180907000322040	1b. <input checked="" type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS Filer: <u>attach</u> Amendment Addendum (Form UCC3Ad) and provide Debtor's name in Item 13
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2. <input checked="" type="checkbox"/> TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement												
3. <input type="checkbox"/> 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 effected collateral in Item 8												
4. <input type="checkbox"/> 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												
5. <input type="checkbox"/> PARTY INFORMATION CHANGE: Check <u>one</u> of these two boxes: This change affects: <input type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record <div style="display: flex; justify-content: space-between; align-items: center; margin-top: 5px;"><div>AND Check <u>one</u> of these three boxes to:</div><div><input type="checkbox"/> CHANGE name and/or address: Complete Item 6a or 6b and Item 7a or 7b and Item 7c</div><div><input type="checkbox"/> ADD name: Complete Item 7a or 7b and Item 7c</div><div><input type="checkbox"/> DELETE name: Give record name to be deleted in Item 6a or 6b</div></div>												
6. CURRENT RECORD INFORMATION: Complete for Party Information Change – provide only <u>one</u> name (6a or 6b)												
<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 50%; padding: 5px;">6a. ORGANIZATION'S NAME</td><td colspan="3"></td></tr><tr><td style="width: 50%; padding: 5px;">OR</td><td style="width: 25%; padding: 5px;">6b. INDIVIDUAL'S SURNAME</td><td style="width: 25%; padding: 5px;">FIRST PERSONAL NAME</td><td style="width: 25%; padding: 5px;">ADDITIONAL NAME(S) INITIAL(S)</td></tr><tr><td></td><td></td><td></td><td style="padding: 5px;">SUFFIX</td></tr></table>	6a. ORGANIZATION'S NAME				OR	6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S) INITIAL(S)				SUFFIX
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OR	6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S) INITIAL(S)									
			SUFFIX									
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information 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)												
<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 50%; padding: 5px;">7a. ORGANIZATION'S NAME</td><td colspan="3"></td></tr><tr><td style="width: 50%; padding: 5px;">OR</td><td style="width: 25%; padding: 5px;">7b. INDIVIDUAL'S SURNAME</td><td style="width: 25%; padding: 5px;">INDIVIDUAL'S FIRST PERSONAL NAME</td><td style="width: 25%; padding: 5px;">INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)</td></tr><tr><td></td><td></td><td></td><td style="padding: 5px;">SUFFIX</td></tr></table>	7a. ORGANIZATION'S NAME				OR	7b. INDIVIDUAL'S SURNAME	INDIVIDUAL'S FIRST PERSONAL NAME	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
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OR	7b. INDIVIDUAL'S SURNAME	INDIVIDUAL'S FIRST PERSONAL NAME	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)									
			SUFFIX									
7c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY								

8. COLLATERAL CHANGE: Also check <u>only</u> one of these four boxes: <input type="checkbox"/> ADD collateral <input type="checkbox"/> DELETE collateral <input type="checkbox"/> RESTATE collateral <input type="checkbox"/> ASSIGN collateral Indicate collateral:
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9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only <u>one</u> name (9a or 9b) (name of Assignor, if this is an Assignment) If this is an Amendment authorized by a DEBTOR, check here <input type="checkbox"/> and provide name of authorizing Debtor												
<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 50%; padding: 5px;">9a. ORGANIZATION'S NAME IBERIABANK</td><td colspan="3"></td></tr><tr><td style="width: 50%; padding: 5px;">OR</td><td style="width: 25%; padding: 5px;">9b. INDIVIDUAL'S SURNAME</td><td style="width: 25%; padding: 5px;">FIRST PERSONAL NAME</td><td style="width: 25%; padding: 5px;">ADDITIONAL NAME(S)/INITIAL(S)</td></tr><tr><td></td><td></td><td></td><td style="padding: 5px;">SUFFIX</td></tr></table>	9a. ORGANIZATION'S NAME IBERIABANK				OR	9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
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OR	9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)									
			SUFFIX									

10. OPTIONAL FILER REFERENCE DATA MCG FILE #14911-61 / TO BE FILED IN SHELBY COUNTY, ALABAMA

International Association of Commercial Administrators (IACA)

FILING OFFICE COPY – UCC FINANCING STATEMENT AMENDMENT (Form UCC3) (Rev. 04/20/11)

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS

11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as Item 1a on Amendment form 20180907000322040				
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as Item 9 on Amendment form				
OR	12a. ORGANIZATION'S NAME IBERIABANK			
	12b. INDIVIDUAL'S SURNAME			
	FIRST PERSONAL NAME			
	ADDITIONAL NAME(S)/INITIAL(S)			SUFFIX
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY				
13. Name of DEBTOR on related financing statement (Name of a current Debtor of record required for indexing purposes only in some filing offices – see instruction Item 13): Provide only one Debtor name (13a or 13b) (use exact, full name, do not omit, modify or abbreviate any part of the Debtor's name); see instructions if name does not fit				
OR	13a. ORGANIZATION'S NAME TALC PROPERTIES, LLC			
	13b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S) INITIAL(S)	SUFFIX
14. ADDITIONAL SPACE FOR ITEM 8 (COLLATERAL):				

15. This FINANCING STATEMENT AMENDMENT: <input type="checkbox"/> covers timber to be cut <input type="checkbox"/> covers as-extracted collateral <input type="checkbox"/> is filed as a fixture filing	17. Description of real estate:
16. Name and address of a RECORD OWNER of real estate described in Item 17 (if Debtor does not have a record interest):	
18. MISCELLANEOUS:	

FILING OFFICE COPY – UCC FINANCING STATEMENT AMENDMENT ADDENDUM (Form UCC3Ad) (Rev. 04/20/11)

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EXHIBIT A

Lot 4A, according to the Survey of Resource Center, as recorded in Map Book 24, page 118, in the Probate Office of Shelby County, Alabama.



**Filed and Recorded
Official Public Records
Judge of Probate, Shelby County Alabama, County
Clerk
Shelby County, AL
12/23/2021 11:34:38 AM
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20211223000606370**

Allen S. Bayl