UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) FAYE SMITH 334-564-2862 or 334-636-5424	
B. E-MAIL CONȚACT AT FILER (optional)	
fsmith@firstusbank.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	
FIRST US BANK 131 WEST FRONT ST P.O. BOX 249 THOMASVILLE, AL 36784	

20220114000017750 1/1 \$.00 Shelby Cnty Judge of Probate, AL 01/14/2022 11:57:28 AM FILED/CERT

C. SEND ACKNOWLEDGMENT TO: (Name and Address)					
EIDCE LIC DANIZ	`				
FIRST US BANK	•				
131 WEST FRONT ST					
P.O. BOX 249 THOMASVILLE, AL 36784	•				
LINOWASVILLE, AL 30/84		TUE 4 D4	N/2 05 10 5 5 5 5		
1a. INITIAL FINANCING STATEMENT FILE NUMBER		**************************************		FILING OFFICE USE OMENT is to be filed [for	
20151019000364930		(or recorded) in	the REAL ESTATE REC	•	•
2. TERMINATION: Effectiveness of the Financing Statement identifications.	entified above is terminated wi			, ,	
3. ASSIGNMENT (full or partial): Provide name of Assignee in For partial assignment, complete items 7 and 9 and also indicate	item 7a or 7b, <u>and</u> address of te affected collateral in item 8	Assignee in item 7c <u>ar</u>	nd name of Assignor in	item 9	
4. CONTINUATION: Effectiveness of the Financing Statement			(s) of Secured Party aut	thorizing this Continuation	on Statement is
continued for the additional period provided by applicable law		<u> </u>	<u> </u>		
5. PARTY INFORMATION CHANGE:	D Check <u>one</u> of these three box	vas ta:			
Check <u>one</u> of these two boxes: This Change affects Debtor <u>or</u> Secured Party of record	CHANGE name and/or action of the box of the		ADD name: Complete it		Give record name
6. CURRENT RECORD INFORMATION: Complete for Party Infor			7a or 7b, and item 7c	to be deleted in i	tem 6a or 6b
6a. ORGANIZATION'S NAME	mation Change - provide only of	ne name (oa or ob)			
6b. INDIVIDUAL'S SURNAME	FIRST PERSONA	AL NAME	ADDITIONAL	NAME(S)/INITIAL(S)	SUFFIX
7 CHANCED OR ADDED INCORMATION: 0					
7. CHANGED OR ADDED INFORMATION: Complete for Assignment of Tal. ORGANIZATION'S NAME	r Party Information Change - provide or	ily <u>one</u> name (7a or 7b) (use	exact, full name; do not omit, n	nodify, or abbreviate any part of	f the Debtor's name)
7b. INDIVIDUAL'S SÜRNAME			<u> </u>		
INDIVIDUAL'S FIRST PERSONAL NAME			-		<u> </u>
		•			
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)		- -	- <u>-</u> -		SUFFIX
•					
7c. MAILING ADDRESS	CITY		STATE PC	STAL CODE	COUNTRY
8. COLLATERAL CHANGE: Also check one of these four boxes	: ADD collateral	DELETE collateral	RESTATE cover	red collateral A	SSIGN collateral
Indicate collateral:					
			•	•	
	-				
		•		•	
•			•	•	•
en and the second of the secon		<u>. </u>			
9. NAME OF SECURED PARTY OF RECORD AUTHORIZIN	G THIS AMENDMENT: Pro	ovide only <u>one</u> name (9:	a or 9b) (name of Assigno	or, if this is an Assignmer	nt)
If this is an Amendment authorized by a DEBTOR, check here as a 9a. ORGANIZATION'S NAME	and provide name of authorizing	Debtor	·	<u> </u>	<u> </u>
FIRST US BANK				*. <u> </u>	
OR 9b. INDIVIDUAL'S SURNAME	TEIDOT DEDOON	I Alàrat	1 A DE SANCE COLOR	LIA BAPPANA AND AND AND AND AND AND AND AND AND	
, ODY INDIANDOVE O COLÚAVIALE	FIRST PERSONA	LINAME	ADDITIONAL	NAME(S)/INITIAL(S)	SUFFIX
10 OPTIONAL ELLED DEEEDENOE DATA:		<u> </u>		· · · · · · · · · · · · · · · · · · ·	
10. OPTIONAL FILER REFERENCE DATA:	-	•			

860003942-CHELSEA CROSSINGS LLC, APCC LLC, TBCC LLC---DAVID MCCULLUM BR 102