

## UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS		•			
A. NAME & PHONE OF CONTACT AT FILER (optional) Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 8	318-662-4141				
B. E-MAIL CONTACT AT FILER (optional) uccfilingreturn@wolterskluwer.com					
C. SEND ACKNOWLEDGMENT TO: (Name and Address) 9418 - BB &	T - MASTER				
Lien Solutions 85140	1024				
Lien Solutions P.O. Box 29071	1024				
Glendale, CA 91209-9071 ALAL					•
FIXTU	JRE .				
		THE ADOVE SDA	CE IS EO	R FILING OFFICE	HEE ON! V
File with: Shelby, AL  1a. INITIAL FINANCING STATEMENT FILE NUMBER		<u> </u>			
20170828000311780 8/28/2017 CC AL Shelby		b. This FINANCING STATE (or recorded) in the REA Filer: <u>attach</u> Amendment Ad	dendum (Forn	n UCC3Ad) <u>and</u> provide [	Debtor's name in item 13
TERMINATION: Effectiveness of the Financing Statement identified above Statement	is terminated with I	espect to the security interest(s	) of Secure	d Party authorizing this	s Termination
3. ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, a For partial assignment, complete items 7 and 9 and also indicate affected or a second		ignee in item 7c <u>and</u> name of A	Assignor in i	tem 9	
4. X CONTINUATION: Effectiveness of the Financing Statement identified above continued for the additional period provided by applicable law	e with respect to th	e security interest(s) of Secure	d Party auth	orizing this Continuati	on Statement is
5. PARTY INFORMATION CHANGE:	of these there	e to:			
Check one of these two boxes: CHAN	of these three boxe IGE name and/or ad a or 6b; <u>and</u> item 7a		ne: Complet		me: Give record name
<u> </u>			and item 7d	to be delete	d in item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Information Change -  6a. ORGANIZATION'S NAME	- provide only <u>one</u> i	name (6a or 6b)	_		
SMOOTHROCK CAFE, LLC					
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL	NAME	ADDITION	IAL NAME(S)/INITIAL(S)	SUFFIX
	•		1		•
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Ch	nange - provide only <u>on</u>	e name (7a or 7b) (use exact, full name	; do not omit, m	nodify, or abbreviate any part	of the Debtor's name)
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change of the Change o	nange - provide only <u>on</u>	e name (7a or 7b) (use exact, full name	; do not omit, m	nodify, or abbreviate any part	of the Debtor's name)
7a. ORGANIZATION'S NAME	nange - provide only <u>on</u>	e name (7a or 7b) (use exact, full name	; do not omit, m	nodify, or abbreviate any part	of the Debtor's name)
	nange - provide only <u>on</u>	e name (7a or 7b) (use exact, full name	; do not omit, m	nodify, or abbreviate any part	of the Debtor's name)
7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME	nange - provide only <u>on</u>	e name (7a or 7b) (use exact, full name	do not omit, m	nodify, or abbreviate any part	of the Debtor's name)
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7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)		e name (7a or 7b) (use exact, full name		,	SUFFIX
7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME	city	e name (7a or 7b) (use exact, full name	do not omit, m	POSTAL CODE	
7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  7c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	SUFFIX
7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  7c. MAILING ADDRESS  8.  COLLATERAL CHANGE: Also check one of these four boxes: AD	CITY		STATE	,	SUFFIX
7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  7c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	SUFFIX
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7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  7c. MAILING ADDRESS  8. COLLATERAL CHANGE: Also check one of these four boxes: AD Indicate collateral:	CITY  D collateral	DELETE collateral  vide only one name (9a or 9b) (r	STATE	POSTAL CODE	SUFFIX COUNTRY  ASSIGN collateral
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7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  7c. MAILING ADDRESS  8. COLLATERAL CHANGE: Also check one of these four boxes: AD Indicate collateral:	CITY  D collateral	DELETE collateral  vide only one name (9a or 9b) (reg Debtor	STATE of Ass	POSTAL CODE	SUFFIX COUNTRY  ASSIGN collateral
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20220302000088170 2/2 \$39.00 Shelby Cnty Judge of Probate, AL 03/02/2022 01:32:37 PM FILED/CERT

UCC FINANCING STATEMENT AMENDMENT A	DDENDU	M			
FOLLOW INSTRUCTIONS					
11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendr 20170828000311780 8/28/2017 CC AL Shelby	ment form				
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Ame	endment form				
12a. ORGANIZATION'S NAME					
Branch Banking and Trust Company					
		-	•		
		•			
OR 12b. INDIVIDUAL'S SURNAME					
, ' '			•		
FIRST PERSONAL NAME	<u> </u>				
i i i i i i i i i i i i i i i i i i i					
ADDITIONAL NAME/CVINITIAL/CV	SUF	FIX			
ADDITIONAL NAME(S)/INITIAL(S)	00.				
			SPACE IS FOR FILING OFFICE USE		
13. Name of DEBTOR on related financing statement (Name of a current Debtor of one Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or abb	record required for hreviate any part (	or indexing purposes only in sort of the Debtor's name); see Instr	ne filing offices - see Instruction item 1 ructions if name does not fit	3): Provide only	
13a. ORGANIZATION'S NAME					
SMOOTHROCK CAFE, LLC	1		, , , , , , , , , , , , , , , , , , ,	LOUISIN	
13b. INDIVIDUAL'S SURNAME	FIRST PERSONAL	NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
14. ADDITIONAL SPACE FOR ITEM 8 (Collateral):					
Debtor Name and Address:	- WIG AT 2524	<b>ว</b>			
SMOOTHROCK CAFE, LLC - 2000 Stonegate Trl Ste 112, Vestavia	3 1115, AL 3324	· <b>Z</b>			
Secured Party Name and Address:					
Branch Banking and Trust Company - P O Box 1626, Wilson, NC 27	7894-9961				
		•			
			•		
•			•		
			····		
15. This FINANCING STATEMENT AMENDMENT:		7. Description of real estate:			
covers timber to be cut covers as-extracted collateral is filed as	s a fixture filing	Please find the be	elow Description of re	eal	
16. Name and address of a RECORD OWNER of real estate described in item 17 (if Debtor does not have a record interest):	<b>1</b>	estate:			
		1010 Ctopodoto [	Dr. Maatavia Hilla Al	25242	
		1940 Stonegate t	0 Stonegate Dr, Vestavia Hills AL 35242		
1					

Branch Banking and Trust Company

8621170 Commercial

File with: Shelby, AL

18. MISCELLANEOUS: 85140024-AL-117 9418 - BB & T - MASTER NC