



20220722000288610  
07/22/2022 02:38:59 PM  
UCC3 1/2

UCC FINANCING STATEMENT AMENDMENT  
FOLLOW INSTRUCTIONS

|                                                                                                                             |                                 |
|-----------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| A. NAME & PHONE OF CONTACT AT FILER (optional)<br>Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141 |                                 |
| B. E-MAIL CONTACT AT FILER (optional)<br>uccfilingreturn@wolterskluwer.com                                                  |                                 |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address) 9418 - BB & T - MASTER                                                        |                                 |
| Lien Solutions<br>P.O. Box 29071<br>Glendale, CA 91209-9071                                                                 | 87814471<br><br>ALAL<br>FIXTURE |
| File with: Shelby, AL                                                                                                       |                                 |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1a. INITIAL FINANCING STATEMENT FILE NUMBER<br>20180118000017940 BK n/a PG n/a 1/18/2018 CC AL Shelby                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1b. <input checked="" type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS<br>Filer: <u>attach</u> Amendment Addendum (Form UCC3Ad) <u>and</u> provide Debtor's name in item 13 |
| 2. <input 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, <u>and</u> address of Assignee in item 7c <u>and</u> name of Assignor in item 9<br>For partial assignment, complete items 7 and 9 <u>and</u> also indicate affected 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 checked="" type="checkbox"/> PARTY INFORMATION CHANGE:<br>Check <u>one</u> of these two boxes: <u>AND</u> Check <u>one</u> of these three boxes to:<br>This Change affects <input type="checkbox"/> Debtor <u>or</u> <input checked="" type="checkbox"/> Secured Party of record <input checked="" type="checkbox"/> CHANGE name and/or address: Complete item 6a or 6b; <u>and</u> item 7a or 7b <u>and</u> item 7c <input type="checkbox"/> ADD name: Complete item 7a or 7b, <u>and</u> item 7c <input type="checkbox"/> DELETE name: Give record name to be deleted in item 6a or 6b |                                                                                                                                                                                                                                                      |
| 6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only <u>one</u> name (6a or 6b)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                      |
| 6a. ORGANIZATION'S NAME<br>Branch Banking and Trust Company                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                      |
| OR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 6b. INDIVIDUAL'S SURNAME<br>FIRST PERSONAL NAME<br>ADDITIONAL NAME(S)/INITIAL(S)<br>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)                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                      |
| 7a. ORGANIZATION'S NAME<br>TRUIST BANK, FORMERLY KNOWN AS BRANCH BANKING AND TRUST COMPANY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                      |
| OR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 7b. INDIVIDUAL'S SURNAME<br>INDIVIDUAL'S FIRST PERSONAL NAME<br>INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)<br>SUFFIX                                                                                                                                 |
| 7c. MAILING ADDRESS<br>P.O. Box 1626<br>CITY: Wilson<br>STATE: NC<br>POSTAL CODE: 27894-9961<br>COUNTRY: USA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                      |
| 8. <input type="checkbox"/> COLLATERAL CHANGE: <u>Also</u> check <u>one</u> of these four boxes: <input type="checkbox"/> ADD collateral <input type="checkbox"/> DELETE collateral <input type="checkbox"/> RESTATE covered collateral <input type="checkbox"/> ASSIGN collateral<br>Indicate collateral:                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                      |

|                                                                                                                                                                                                                                                                                   |                                                                                            |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|--|--|
| 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)<br>If this is an Amendment authorized by a DEBTOR, check here <input type="checkbox"/> and provide name of authorizing Debtor |                                                                                            |  |  |
| 9a. ORGANIZATION'S NAME<br>Branch Banking and Trust Company                                                                                                                                                                                                                       |                                                                                            |  |  |
| OR                                                                                                                                                                                                                                                                                | 9b. INDIVIDUAL'S SURNAME<br>FIRST PERSONAL NAME<br>ADDITIONAL NAME(S)/INITIAL(S)<br>SUFFIX |  |  |

|                                                                                                |  |  |  |
|------------------------------------------------------------------------------------------------|--|--|--|
| 10. OPTIONAL FILER REFERENCE DATA: Debtor Name: SMOOTHROCK, LLC<br>87814471 8621170 Commercial |  |  |  |
|------------------------------------------------------------------------------------------------|--|--|--|



**UCC FINANCING STATEMENT AMENDMENT ADDENDUM**

## FOLLOW INSTRUCTIONS

11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form

20180118000017940 BK n/a PG n/a 1/18/2018 CC AL Shelby

12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form

12a. ORGANIZATION'S NAME

Branch Banking and Trust Company

OR

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

13a. ORGANIZATION'S NAME

SMOOTHROCK, LLC

OR

13b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

14. ADDITIONAL SPACE FOR ITEM 8 (Collateral):

Debtor Name and Address:

SMOOTHROCK, LLC - 2000 STONEGATE TRAIL SUITE 112 , VESTAVIA HILLS, AL 35242

Secured Party Name and Address:

TRUIST BANK, FORMERLY KNOWN AS BRANCH BANKING AND TRUST COMPANY - P.O. Box 1626 , Wilson, NC 27894-9961

15. This FINANCING STATEMENT AMENDMENT:

☐ covers timber to be cut ☐ covers as-extracted collateral ☒ is filed as a fixture filing16. Name and address of a RECORD OWNER of real estate described in item 17  
(if Debtor does not have a record interest):

17. Description of real estate:

NA

Page No:

n/a

Book No:

n/a



Filed and Recorded  
Official Public Records  
Judge of Probate, Shelby County Alabama, County  
Clerk  
Shelby County, AL  
07/22/2022 02:38:59 PM  
\$39.00 BRITTANI  
20220722000288610

*Brittani S. Boyd*

18. MISCELLANEOUS: 87814471-AL-117 9418 - BB &amp; T - MASTER NC

Branch Banking and Trust Company

File with: Shelby, AL

8621170 Commercial