LOCULO STATEMENT AMEND	MENT			
UCC FINANCING STATEMENT AMEND	<b>                                    </b>			
A. NAME & PHONE OF CONTACT AT FILER (optional)  Marilyn Seals 601-208-5867				
B. E-MAIL CONTACT AT FILER (optional)				
mseals@trustmark.com				
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	<del> </del>			
Trustmark National Bank P O Box 291		2022	0808000308290 1/1 <b>\$</b> 39	3.00
Jackson MS 39205-0291		Shel 08/0	by Cnty Judge of Prok 8/2022 11:40:40 AM FI	ILED/CERT
attn: Loan Operations	•			
		THE ABOVE SPACE IS F	OR FILING OFFICE USE OF	NLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER		b. This FINANCING STATEMENT A	MENDMENT is to be filed [for re	cord]
20171120000419690		Filer: <u>attach</u> Amendment Addendum (	Form UCC3Ad) and provide Debtors	s name in item 13
2. TERMINATION: Effectiveness of the Financing Statement ide Statement	ntified above is terminated w	rith respect to the security interest(s) of	Secured Party authorizing this 1	ermination
3. ASSIGNMENT (full or partial): Provide name of Assignee in its For partial assignment, complete items 7 and 9 and also indicate	tem 7a or 7b, <u>and</u> address o e affected collateral in item 8	f Assignee in item 7c <u>and</u> name of Assig	nor in item 9	
4 CONTINUATION: Effectiveness of the Financing Statement	identified above with respect	to the security interest(s) of Secured Pa	arty authorizing this Continuation	n Statement is
continued for the additional period provided by applicable law				
5. PARTY INFORMATION CHANGE:  ANI	D Check one of these three b	oxes to: address: Complete ADD name: Cor	mplete item DELETE name: {	Give record name
Check <u>one</u> of these two boxes:  This Change affects Debtor <u>or</u> Secured Party of record	CHANGE name and/or item 6a or 6b; and item	7a or 7b <u>and</u> item 7c 7a or 7b, <u>and</u> ite		tem 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Infor	mation Change - provide only	one name (6a or 6b)		
6a. ORGANIZATION'S NAME				<u> </u>
RAEM Alamaba, LLC  OR 6b. INDIVIDUAL'S SURNAME  FIRST PERSON		NAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX		
				(u. D. hts-is name)
7. CHANGED OR ADDED INFORMATION: Complete for Assignment of Tal. ORGANIZATION'S NAME	or Party Information Change - provide	only one name (7a or 7b) (use exact, full name; do	not omit, modify, or abbreviate any part o	The Decitor's name;
OR 7b. INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
	CITY	STA	TE POSTAL CODE	COUNTRY
7c. MAILING ADDRESS	Oakhu	rst	J 07755	USA
P O Box 807			ATE covered collateral	ASSIGN collatera
8. COLLATERAL CHANGE: Also check one of these four box Indicate collateral:	03.			
indicate collateral.				
9. NAME OF SECURED PARTY OF RECORD AUTHORIZ	ZING THIS AMENDMENT	; Provide only <u>one</u> name (9a or 9b) (name	e of Assignor, if this is an Assignr	ment)
If this is an Amendment authorized by a DEBTOR, check here	and provide name of autho	rizing Debtor		
9a. ORGANIZATION'S NAME  Trustmark National Bank P O Box	291 Jackson V	IS 39205-0291		
OR 9b. INDIVIDUAL'S SURNAME	FIRST PERS	SONAL NAME	ODITIONAL NAME(S)/INITIAL(S)	SUFFIX
BD. INDIVIDUAL S SURIVAIVIL				

T#1537665

COH

RAEM Alamaba, LLC

10. OPTIONAL FILER REFERENCE DATA:

Shelby County- AL