20221017000391150 10/17/2022 10.22.40 ANA

UCC FINANCING STATEMENT AMENDN FOLLOW INSTRUCTIONS	UCC6 1/1				
A. NAME & PHONE OF CONTACT AT FILER (optional)  256-56	7-4337				
B. E-MAIL CONTACT AT FILER (optional)					
C. SEND ACKNOWLEDGMENT TO: (Name and Address)  Progress Bank and Trust 255 Grnat Street SE Decatur, Alabama 35601		I THAT IS TO SELECT THE TAXABLE PARTY.	Filed and Recorded Official Public Recording Judge of Probate, Sho Clerk Shelby County, AL 10/17/2022 10:22:40 A \$.00 JOANN 20221017000391150	elby County Alaban	na, County
			SPACE IS FOR FILIN		
1a. INITIAL FINANCING STATEMENT FILE NUMBER 20220330000129940		(or recorded) in the	TATEMENT AMENDMENT REAL ESTATE RECORD ent Addendum (Form UCC3A	S	-
2. TERMINATION: Effectiveness of the Financing Statement identification.  Statement	ed above is terminated		•	•	
3. ASSIGNMENT (full or partial): Provide name of Assignee in item For partial assignment, complete items 7 and 9 and also indicate aff			ame of Assignor in item 9		
4. CONTINUATION: Effectiveness of the Financing Statement identication continued for the additional period provided by applicable law	tified above with respe	ect to the security interest(s) o	of Secured Party authorizi	ing this Continuatio	n Statement is
This Change affects Debtor or Secured Party of record  6. CURRENT RECORD INFORMATION: Complete for Party Information 6a. ORGANIZATION'S NAME		or address: Complete m 7a or 7b <u>and</u> item 7c7a	D name: Complete item or 7b, <u>and</u> item 7c	DELETE name: ( to be deleted in it	Give record name em 6a or 6b
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERS	ONAL NAME	ADDITIONAL NAM	IE(S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party 7a. ORGANIZATION'S NAME  OR 7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	y Information Change - provi	de only <u>one</u> name (7a or 7b) (use exac	et, full name; do not omit, modify,	or abbreviate any part of	the Debtor's name)
7c. MAILING ADDRESS	CITY		STATE POSTAL	L CODE	COUNTRY
8. COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral:	ADD collateral	DELETE collateral	RESTATE covered co	ollateral A	SSIGN collateral
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING T		•	r 9b) (name of Assignor, if t	this is an Assignmer	nt)
If this is an Amendment authorized by a DEBTOR, check here and possible.   9a. ORGANIZATION'S NAME	provide name of authori	izing Debtor			
OR Progress Bank and Trust 9b. INDIVIDUAL'S SURNAME	FIRST PERS	ONAL NAME	ADDITIONAL NAM	IE(S)/INITIAL(S)	SUFFIX
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