20221116000425050 11/16/2022 02:45:11 PM UCC6 1/1

| UCC FINANCING STATEMENT AME FOLLOW INSTRUCTIONS A. NAME & PHONE OF CONTACT AT FILER (optional) RACHEL ADAMS | NDMENT | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|-------------------------------|
| B. E-MAIL CONTACT AT FILER (optional) LOANS@SPIREENERGY.COM C. SEND ACKNOWLEDGMENT TO: (Name and Address) SPIRE ALABAMA INC 20 20TH STREET SOUTH BIRMINGHAM, AL 35233 | | H.N. | Filed and Reco Official Public Judge of Proba Clerk Shelby County, 11/16/2022 02:4 \$.00 JOANN 2022111600042 | Records te, Shelby County Alabama, AL 45:11 PM | County Que 5.B. |
| | | THE ABOV | E SPACE IS FO | R FILING OFFICE USE | ONLY |
| 1a. INITIAL FINANCING STATEMENT FILE NUMBER 20190619000218240 | 1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13 | | | | |
| 2. TERMINATION: Effectiveness of the Financing Statement | nt identified above is terminated | <u> </u> | | <u> </u> | |
| 3. ASSIGNMENT (full or partial): Provide name of Assigned For partial assignment, complete items 7 and 9 and also incomplete. | | | name of Assignor | in item 9 | |
| 4. CONTINUATION: Effectiveness of the Financing Statem continued for the additional period provided by applicable is | nent identified above with respec | | of Secured Party | authorizing this Continuation | on Statement is |
| Check one of these two boxes: This Change affects Debtor or Secured Party of record 6. CURRENT RECORD INFORMATION: Complete for Party 6a. ORGANIZATION'S NAME OR | AND Check one of these three to CHANGE name and/or item 6a or 6b; and item Information Change - provide only | address: Complete 7a or 7b <u>and</u> item 7c 7a | DD name: Comple a or 7b, <u>and</u> item 7e | te item DELETE name; to be deleted in i | |
| 6b. INDIVIDUAL'S SURNAME MARLOW | FIRST PERSO SHAWI | | L NAME ADDITIONAL NAME(S)/INITIAL(S) SUF | | SUFFIX |
| 7. CHANGED OR ADDED INFORMATION: Complete for Assignm 7a. ORGANIZATION'S NAME OR 7b. INDIVIDUAL'S SURNAME | nent or Party Information Change - provide | only <u>one</u> name (7a or 7b) (use exa | ct, full name; do not on | nit, modify, or abbreviate any part o | of the Debtor's name) |
| INDIVIDUAL'S FIRST PERSONAL NAME | | | | | |
| INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) | | | | | Terreiv |
| INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) | | | | | SUFFIX |
| INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) | CITY BIRMI | NGHAM | STATE | POSTAL CODE 35242 | SUFFIX COUNTRY US |
| INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS | DOXES: ADD collateral | Provide only one name (9a o | RESTATE C | 35242 overed collateral | COUNTRY US ASSIGN collateral |