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| UCC FINANCING STATEMENT AMENDMENT | | | UC | C6 1/1 | |
|--|---------------------|--|--------------------------------|---------------------------------------|-----------------------|
| FOLLOW INSTRUCTIONS A. MAME & BLICKIE OF CONTACT AT EU ED (antique) | | | | | |
| A NAME & PHONE OF CONTACT AT FILER (optional) | | | | | |
| B E-MAIL CONTACT AT FILER (optional) | | | Filed and Rec | | |
| C SEND ACKNOWLEDGMENT TO: (Name and Address) | | Selli- College | | ate, Shelby County Alaban | na, County |
| | | (((((((((((((((((((| Shelby County 12/08/2022 02 | • | |
| Avadian Credit Union | | AHAM: | \$.00 PAYGE | | 0 . |
| PO Box 360287 Birmingham, AL 35236 | | | 202212080004 | 146150 | alling 5. |
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| | | THE ABOVE | SPACE IS FO | R FILING OFFICE USE | ONLY |
| INITIAL FINANCING STATEMENT FILE NUMBER 1b This FINANCING STATEMENT AMENDMENT is to be filed [for recorded] in the REAL ESTATE RECORDS Filer attach Amendment Addendum (Form UCC3Ad) and provide Debtor's | | | | | - |
| 2 TERMINATION: Effectiveness of the Financing Statement identified above in Statement | is terminated wi | th respect to the security in | iterest(s) of Se | cured Party authorizing this | Termination |
| 3 ASSIGNMENT (full or partial) Provide name of Assignee in item 7a or 7b, a | | - | me of Assignor | in item 9 | |
| For partial assignment, complete items 7 and 9 and also indicate affected collars. 4 CONTINUATION: Effectiveness of the Financing Statement identified above | | | Secured Party | authorizing this Continuati | on Statement is |
| continued for the additional period provided by applicable law | re with respect i | o the security interest(s) of | i Occurred i airty | authorizing tins continuati | on otatement is |
| 5 PARTY INFORMATION CHANGE: AND Check one of those two boxes | of those three how | voc to | | | |
| Check one of these two boxes | | | Diname Comple | te item DELETE name to be deleted in | Give record name |
| 6 CURRENT RECORD INFORMATION: Complete for Party Information Change | | | or ro, <u>and</u> tem r | | item oa or ob |
| 6a ORGANIZATION'S NAME | | | | | |
| Total Solutions, LLC 6b INDIVIDUAL'S SURNAME | IDOT DEDOON | L NIABAT | LABBITIO | NIAL NIANATION/INITIAL (O) | TOUTEIN |
| TOD INDIVIDUALS SURNAME | FIRST PERSONA | AL INAIVIE | ADDITIO | NAL NAME(\$)/INITIAL(\$) | SUFFIX |
| 7 CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information | Change - provide or | ily <u>one</u> name (7a or 7b) (use exact, | full name, do not or | nit, modify, or abbreviate any part o | of the Debtor's name) |
| 7a ORGANIZATION'S NAME | | | | | |
| 7b INDIVIDUAL'S SURNAME | | | | | |
| INDIVIDUAL'S FIRST PERSONAL NAME | | | | | |
| INIDIMENTALIS ADDITIONIAL NIAMEZOVINITIALZON | | | | | Teurriv |
| INDIVIDUAL'S ADDITIONAL NAME(\$)/INITIAL(\$) | | | | | SUFFIX |
| 7c MAILING ADDRESS | CITY | | STATE | POSTAL CODE | COUNTRY |
| 8 COLLATERAL CHANGE: Also check one of these four boxes ADD c | ollateral | DELETE collateral | RESTATE C | covered collateral | ASSIGN collateral |
| Indicate collateral | | | | | |
| | | | | | |
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| | | | | | |
| 9 NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AME If this is an Amendment authorized by a DEBTOR, check here and provide name | | | 9b) (name of As | signor, if this is an Assignme | ent) |
| 9a ORGANIZATION'S NAME | | | | | |
| Avadian Credit Union 9b INDIVIDUAL'S SURNAME | IRST PERSONA | NAME | | NAL NAME(S)/INITIAL(S) | SUFFIX |
| | OT LINOUNA | <u> </u> | רווסטרו | THE TANKE (O) THAT I INC (O) | |
| 10 OPTIONAL FILER REFERENCE DATA: | | | | | |