20230103000000180 01/03/2023 08:19:53 AM UCC7 1/1

UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS						
A. NAME & PHONE OF CONTACT AT FILER (optional)		(MCO)	Filed and R Official Pub Judge of Pr		Alabama,	County
B. E-MAIL CONTACT AT FILER (optional)			Clerk Shelby Cour 01/03/2023	nty, AL 08:19:53 AM		
C. SEND ACKNOWLEDGMENT TO: (Name and Address)			\$39.00 PAY 2023010300			
BankPlus		MARANIE .				alli.
1200 Eastover Dr.	•					
Suite 200 Jackson, MS 39211			Print	Reset	<b>,</b>	
Jackson, Mis 39211						
				OR FILING OFFICE		
1a. INITIAL FINANCING STATEMENT FILE NUMBER #20210420000197450		(or recorded) in	the REAL ESTAT	MENDMENT is to be file E RECORDS Form UCC3Ad) <u>and provide</u>	_	_
2. TERMINATION: Effectiveness of the Financing Statement identified above Statement	is terminated v	ith respect to the secu	rity interest(s) of S	Secured Party authorizi	ing this Tei	rmination
3. ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, For partial assignment, complete items 7 and 9 and also indicate affected co		_	nd name of Assigr	or in item 9		
4. CONTINUATION: Effectiveness of the Financing Statement identified about continued for the additional period provided by applicable law	ve with respect	to the security interest	(s) of Secured Pa	ty authorizing this Cor	ntinuation S	Statement is
5. PARTY INFORMATION CHANGE:						
Check <u>one</u> of these two boxes:  —— CHANG			_ ADD name: Com	plete itemDELETE	name: Giv	e record name
		ddress: Complete a or 7b <u>and</u> item 7c	7a or 7b, <u>and</u> item		eted in item	
6. CURRENT RECORD INFORMATION: Complete for Party Information Change 6a. ORGANIZATION'S NAME	e - provide only	one name (6a or 6b)				
Valor Communities, LLC						
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME	ADDIT	IONAL NAME(S)/INITIA	L(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information 7a. ORGANIZATION'S NAME	n Change - provide	only <u>one</u> name (7a or 7b) (use	exact, full name; do no	t omit, modify, or abbreviate a	iny part of the	Debtor's name)
OR 75 INDUITALIO CUENTANA						
7b. INDIVIDUAL'S SURNAME						
INDIVIDUAL'S FIRST PERSONAL NAME						
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)						SUFFIX
7c. MAILING ADDRESS	CITY		STATE	POSTAL CODE		COUNTRY
8. COLLATERAL CHANGE: Also check one of these four boxes: ADD	collateral	✓ DELETE collateral	RESTATE	covered collateral	ASS	IGN collateral
Indicate collateral:						
Lots 161, 162, 163, 164, 165, and 166, according to the Fi		f Townside Squa	are, Sector C	ne, as recorded	l in Ma	p Book
38, Page 120, in the Probate Office of Shelby County, Al	abama.					
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AM		·	ea or 9b) (name of	Assignor, if this is an As	signment)	
If this is an Amendment authorized by a DEBTOR, check here and provide na 9a. ORGANIZATION'S NAME	ame of authorizin	ig Debtor				
BankPlus						
OR	FIRST PERSON	AL NAME	ADDIT	IONAL NAME(S)/INITIA	L(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA:						