

Filed and Recorded Official Public Records Judge of Probate, Shelby County Alabama, County Clerk Shelby County, AL 03/01/2023 09:08:58 AM **\$.00 PAYGE** 20230301000055570

alli S. Beyl

UCC FINANCING STATEMENT AMENDMEN	T				
FOLLOW INSTRUCTIONS	-				
A. NAME & PHONE OF CONTACT AT FILER (optional)  JAYLA WEST					
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					
	I				
		THE ABOVE S	SPACE IS FO	R FILING OFFICE USE	ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER		1b. This FINANCING STA	TEMENT AME	NDMENT is to be filed [for	record]
20171221000454220				RECORDS n UCC3Ad) <u>and</u> provide Debto	
2. TERMINATION: Effectiveness of the Financing Statement identified above Statement	re is terminated v	vith respect to the security in	terest(s) of Sec	ured Party authorizing this	Termination
3. ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 71 For partial assignment, complete items 7 and 9 and also indicate affected complete items 7.	• ——	<del>-</del>	me of Assignor	in item 9	
			C		01-11:-
4. CONTINUATION: Effectiveness of the Financing Statement identified abcontinued for the additional period provided by applicable law	pove with respect	to the security interest(s) of	Secured Party	authorizing this Continuation	on Statement is
5. PARTY INFORMATION CHANGE:					
Check one of these two boxes.	e of these three bo IGE name and/or a		name: Comple	te item DELETE name:	Give record name
This Change affects Debtor or Secured Party of record item 6	a or 6b; <u>and</u> item 7	7a or 7b <u>and</u> item 7c 7a o	r 7b, <u>and</u> item 7d		
6. CURRENT RECORD INFORMATION: Complete for Party Information Chan- 6a. ORGANIZATION'S NAME	ge - provide only s	o <u>ne</u> name (6a or 6b)			
OR OL INDUMENTAL IS SUBMITTED.			•		
6D. INDIVIDUAL'S SURNAME	FIRST PERSON		l	NAL NAME(S)/INITIAL(S)	SUFFIX
HARTSFIELD	SHANN		R		
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information 7a. ORGANIZATION'S NAME	ion Change - provide (	only <u>one</u> name (/a or /b) (use exact, i	full name; do not on	it, modify, or abbreviate any part o	the Debtor's name)
OR					
7b. INDIVIDUAL'S SURNAME					
INDIVIDUAL IS SIDST DEDSONAL NAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
7c. MAILING ADDRESS		STATE	POSTAL CODE	COUNTRY	
1024 KNOLLWOOD DRIVE	BIRMIN	IGHAM	AL	35242	US
8. COLLATERAL CHANGE: Also check one of these four boxes: ADD	) collateral	DELETE collateral	RESTATE c	overed collateral	ASSIGN collateral
Indicate collateral:					
O NAME OF CECURED DARRY OF DECORD AUTHORIZING THIS A					
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AN If this is an Amendment authorized by a DEBTOR, check here  and provide r		-	b) (name of Ass	signor, if this is an Assignme	nt)
If this is an Amendment authorized by a DEBTOR, check here 🗾 and provide r 9a. ORGANIZATION'S NAME		-	b) (name of Ass	signor, if this is an Assignme	ent)
If this is an Amendment authorized by a DEBTOR, check here  and provide response of the second secon		-			ent)
If this is an Amendment authorized by a DEBTOR, check here 🗾 and provide r 9a. ORGANIZATION'S NAME		ng Debtor		signor, if this is an Assignme	snt)
If this is an Amendment authorized by a DEBTOR, check here and provide response of the second	name of authorizin	ng Debtor			