20230426000121040 04/26/2023 09:37:55 AM UCC6 1/1

JCC FINANCING STATEMENT AMENIOLLOW INSTRUCTIONS	DMENI				
A. NAME & PHONE OF CONTACT AT FILER (optional) Justin Smitherman (205) 419-4414		Service Contraction of the Contr	Filed and Recorded Official Public Records Judge of Probate, Shelb	y County Alabama,	County
B. E-MAIL CONTACT AT FILER (optional)			Clerk Shelby County, AL		
jsmitherman@alabamalawservices.com	<u> </u>		04/26/2023 09:37:55 AM \$.00 PAYGE	- -	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)		WARNING.	20230426000121040		alling 5.F
Justin Smitherman, Esq. 173 Tucker Road, Suite 201 Helena, AL 35080					
				AFRAF UČE A	AII V
		THE ABOVE	SPACE IS FOR FILING	is to be filed for re	ecordi
20211201000574360		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 i Statement	dentified above is terminated v	with respect to the security i	nterest(s) of Secured Party	authorizing this T	ermination
3. ASSIGNMENT (full or partial): Provide name of Assignee in For partial assignment, complete items 7 and 9 and also indicate.	n item 7a or 7b, <u>and</u> address cate affected collateral in item	of Assignee in item 7c <u>and</u> no 8	ame of Assignor in item 9		<u> </u>
4. CONTINUATION: Effectiveness of the Financing Statement continued for the additional period provided by applicable law	nt identified above with respec	t to the security interest(s) o	f Secured Party authorizin	g this Continuation	Statement is
5. PARTY INFORMATION CHANGE:					
Check one of these two boxes: This Change affects Debtor or Secured Party of record	ND Check one of these three b CHANGE name and/or item 6a or 6b; and item	address: CompleteAD	D name: Complete item or 7b, <u>and</u> item 7c	DELETE name: 0 to be deleted in ite	Sive record name om 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Inf					
6a. ORGANIZATION'S NAME					
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSO	NAL NAME	ADDITIONAL NAME	(S)/INITIAL(S)	SUFFIX
		· ·			the Debte de compl
7. CHANGED OR ADDED INFORMATION: Complete for Assignment Transport of the	nt or Party Information Change - provide	anly <u>one</u> name (7a or 7b) (use exac	t, full name; do not omit, modify, o	abbreviate any part of	ine Debiors name)
OR 7b. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME	<u></u>	<u> </u>			
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
7c. MAILING ADDRESS	CITY		STATE POSTAL	CODE	COUNTRY
	xes: ADD collateral	DELETE collateral	RESTATE covered co	ilateral A	SSIGN collateral
8. COLLATERAL CHANGE: Also check one of these four box	xes: [] ADD collateral	DELETE Collaction			
Indicate collateral: Lot 2, according to the survey of Clearyland	Subdivision, as recor	rded in Map Book I	10, Page 95, in the	Probate Off	ice of
Shelby County, Alabama. Situated in Shelby	County, Alabama.				
Silciby Country, I Line Country of the country of t			•		
			•		
		····	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
9. NAME OF SECURED PARTY OF RECORD AUTHORI If this is an Amendment authorized by a DEBTOR, check here	ZING THIS AMENDMENT: and provide name of authorit	Provide only <u>one</u> name (9a o zing Debtor	or 9b) (name of Assignor, if t	this is an Assignme)
9a. ORGANIZATION'S NAME					
Premier Healthcare, Incorporated	FIRST PERSO	ONAL NAME	ADDITIONAL NAM	E(S)/INITIAL(S)	SUFFIX
9b. INDIVIDUAL'S SURNAME	FIRSTPERS	~! 4/~L 4/~L V L			
10. OPTIONAL FILER REFERENCE DATA:					
10. 0; 11011/3E 1 1EE(11)E(E(10)E = 11)					