UCC FINANCING STATEMENT AMEND TOLLOW INSTRUCTIONS	MENT				
	MENT				
	MENT				
	IAI CIA I				
A. NAME & PHONE OF CONTACT AT FILER (optional) CATHY JOHNSON 205-668-3577					
B. E-MAIL CONTACT AT FILER (optional)					
C. SEND ACKNOWLEDGMENT TO: (Name and Address)					
CENTRAL STATE BANK					
P O BOX 180 CALERA, AL 35040					
	1				
				R FILING OFFICE USE C	
a. Initial financing statement file number 20140604000168320		1b. This FINANCING STATEM (or recorded) in the REAL	ESIXIE	NDMENT is to be filled [for r RECORDS in UCC3Ad) <u>and</u> provide Debtor	
2. TERMINATION: Effectiveness of the Financing Statement iden Statement	tified above is terminated w				
3. ASSIGNMENT (full or partial): Provide name of Assignee in ite For partial assignment, complete items 7 and 9 and also indicate			of Assignor	in item 9	
LONTINUATION: Effectiveness of the Financing Statement id continued for the additional period provided by applicable law	lentified above with respect	to the security interest(s) of Sec	ured Party	authorizing this Continuatio	n Statement is
5. PARTY INFORMATION CHANGE:					
Check <u>one</u> of these two boxes: This Change affects Debtor <u>or</u> Secured Party of record	Check <u>one</u> of these three both CHANGE name and/or a item 6a or 6b; <u>and</u> item 7		ne: Complet and item 7d	te item DELETE name: (
3. CURRENT RECORD INFORMATION: Complete for Party Inform			and item 70	to be deleted in it	em da or do
6a. ORGANIZATION'S NAME					
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSON	IAL NAME	ADDITION	NAL NAME(S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or I	Party Information Change - provide (only <u>one</u> name (7a or 7b) (use exact, full na	ime; do not on	vil, modify, or abbreviate any part of	the Debtor's name)
7a. ORGANIZATION'S NAME					
DR 7b. INDIVIDUAL'S SURNAME	<u></u>		:		
INDIVIDUAL'S FIRST PERSONAL NAME				<u> </u>	
(AUDINADULALIO ADDITIONIAL MANACIONANTIALIO)					Telleriv
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
c. MAILING ADDRESS	CITY	<u> </u>	STATE	POSTAL CODE	COUNTRY
B. COLLATERAL CHANGE: Also check one of these four boxes:	ADD collateral	DELETE collateral F	RESTATE c	overed collateral A	SSIGN collatera
Indicate collateral:					
·					
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING			name of Ass	signor, if this is an Assignme	nt)
If this is an Amendment authorized by a DEBTOR, check here are an early and an early and are are as a second and are are as a second and are are as a second are as a second are as a second are are as a second are a second are as a second are a second are as a second are a second a	nd provide name of authorizing	ng Deptor		· · ·	
CENTRAL STATE BANK		IAI 83484	1 a ma m 4 m 4 m		
9b. INDIVIDUAL'S SURNAME	FIRST PERSON	NAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA:				<u>-</u>	1
RL13649	<u>i2</u>		,,		

0140604000168320	NUMBER: Same as item 1a on Amendr	iment form			
. NAME OF PARTY AUTHORIZING THIS	AMENDMENT: Same as item 9 on Ame	nendment form			
12a, ORGANIZATION'S NAME CENTRAL STATE BAN	JK				
125. INDIVIDUAL'S SURNAME					
FIRST PERSONAL NAME					
ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX			
ADDITIONAL NAME (O) INVITAL (O)			THE ABOVE	SPACE IS FOR FILING OFFICE U	JSE ONLY
13b. INDIVIDUAL'S SURNAME	FIRS	RST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
LOVELADY PROPERTINANTE	FIRST LLC			ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
LOVELADY PROPERT	FIRST LLC			ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
LOVELADY PROPERT 13b. INDIVIDUAL'S SURNAME	FIRST LLC			ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
13b. INDIVIDUAL'S SURNAME	FIRST LLC	ded Records e, Shelby Coun AL 3:35 AM			

18. MISCELLANEOUS: