20230724000220270 07/24/2023 09:23:10 AM UCCCONT 1/1

UCC FINANCING STATEMENT AMENDMENT

TOUCC FINANCING STATEMENT AWENDINE FOLLOW INSTRUCTIONS	:NI				
A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) CSC 1-800-858-5294					
B. E-MAIL CONTACT AT SUBMITTER (optional)			Filed and Reco		
SPRFiling@cscglobal.com			Judge of Prob Clerk	ate, Shelby County Alabama, Coun	ty
C. SEND ACKNOWLEDGMENT TO: (Name and Address)			Shelby County 07/24/2023 09:	23:10 AM	
2609 53232			\$39.00 PAYGE 202307240002		
CSC 801 Adlai Stevenson Drive		SARVAGE		(lli S. Beyl
Springfield, IL 62703	d In: Alabama (Shelby)				
SEE BELOW FOR SECURED PARTY CONTACT INFORM	MATION	THE ABO	VE SPACE IS FO	R FILING OFFICE USE	ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER 20131220000487150 12/20/2013		1b. 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 identified above	is terminated with res	pect to the security interest	(s) of Secured Part(y	(ies) authorizing this Termina	ation Statement
3. ASSIGNMENT: Provide name of Assignee in item 7a or 7b, and address of For partial assignment, complete items 7 and 9; check ASSIGN Collateral box					
4. CONTINUATION: Effectiveness of the Financing Statement identified about additional period provided by applicable law	ve with respect to the	security interest(s) of Secu	red Party authorizing	this Continuation Statement	is continued for the
5. PARTY INFORMATION CHANGE:					
Check one of these two boxes:	k <u>one</u> of these three bo				
This Change affects Debtor <u>or</u> Secured Party of record ite	HANGE name and/or a em 6a or 6b; <u>and</u> item	address: Complete 7a or 7b <u>and</u> item 7c	ADD name: Comple 7a or 7b, <u>and</u> item 7d	te item DELETE name: to be deleted in	
6. CURRENT RECORD INFORMATION: Complete for Party Information Cha					
6a. ORGANIZATION'S NAME High Times Adventure Real E	Estate Co., L.	L.C.			
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSON	NAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX			SUFFIX
OD. INDIVIDOREO CONTRATOLE	T II COT T LICOT		7.5511101		
 CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Inform 	lation Change - provide only	one name (7a or 7b) (use exact,	full name; do not omit, mo	dify, or abbreviate any part of the De	ebtor's name)
7a. ORGANIZATION'S NAME					
OR					
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: Check only one box:	ADD collateral	DELETE collateral	RESTATE co	vered collateral	ASSIGN* collateral
Indicate collateral: *Che	eck ASSIGN COLLATERAL (only if the assignee's power to am	end the record is limited to	certain collateral and describe the	collateral in Section 8
• • • • • • • • • • • • • • • • • • •					
 NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS If this is an Amendment authorized by a DEBTOR, check here and provide 		-	9b) (name of Assigno	r, if this is an Assignment)	
9a. ORGANIZATION'S NAME ServisFirst Bank					
9b. INDIVIDUAL'S SURNAME	FIRST PERSON	IAL NAME	ADDITION	NAL NAME(S)/INITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA: :20314					2609 53232