

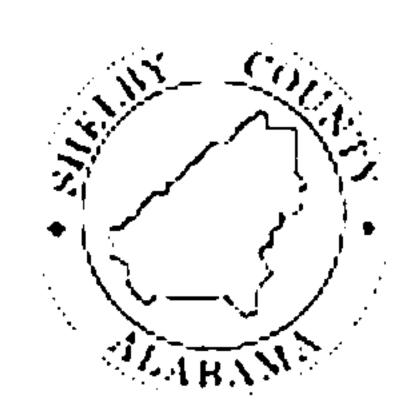
UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS	JIVICIVI				
A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) CSC 1-800-858-5294					
B. E-MAIL CONTACT AT SUBMITTER (optional) SPRFiling@cscglobal.com					
C. SEND ACKNOWLEDGMENT TO: (Name and Address)					
2612 66961 CSC 801 Adlai Stevenson Drive Springfield, IL 62703	Filed In: Alabama (Shelby)				
SEE BELOW FOR SECURED PARTY CONTACT I	NFORMATION	THE ABOVE S	PACE IS FO	R FILING OFFICE US	E ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER 20210520000249840 05/20/2021		1b. This FINANCING STATE (or recorded) in the REA (Form UCC3Ad) and pro			ecord] endment Addendum
2. TERMINATION: Effectiveness of the Financing Statement identified	ed above is terminated with resp	, , , , , , , , , , , , , , , , , , , ,			nination Statement
3. ASSIGNMENT: Provide name of Assignee in item 7a or 7b, and a For partial assignment, complete items 7 and 9; check ASSIGN Collaboration.	address of Assignee in item 7c a ateral box in Item 8 and describ	and name of Assignor in item 9 e the affected collateral in item 8			
4. CONTINUATION: Effectiveness of the Financing Statement identicated additional period provided by applicable law	tified above with respect to the s	security interest(s) of Secured Pa	rty authorizing	this Continuation Stateme	ent is continued for the
5. PARTY INFORMATION CHANGE:					
	D Check one of these three bo			. "	
This Change affects Debtor or Secured Party of record	CHANGE name and/or a item 6a or 6b; <u>and</u> item 7		name: Comple 7b, <u>and</u> item 7	ete item DELETE nan c to be deleted	ne: Give record name in item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Inform 6a. ORGANIZATION'S NAME	ation Change - provide only <u>one</u>	e name (6a or 6b)			
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX			SUFFIX	
HALL	CODY				
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or F 7a. ORGANIZATION'S NAME	Party Information Change - provide only	one name (7a or 7b) (use exact, full nam	ie; do not omit, m	odify, or abbreviate any part of the	e Debtor'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 c	overed collateral	ASSIGN* collateral
Indicate collateral:	*Check ASSIGN COLLATERAL o	nly if the assignee's power to amend the	record is limited t	o certain collateral and describe	the collateral in Section 8
INGROUND POOL, HOT TUB					
TOTAL INDEBTEDNESS: \$0 TAX AMOUNT OF \$0 TO BE PAID BASED ON TO	OTAL INDERTEDNE	SS AMOUNT OF \$0			
	JIAL HADEDI EDIAL	JO ANIOONNI OI WO			
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING If this is an Amendment authorized by a DEBTOR, check here and			ame of Assign	or, if this is an Assignment))
^{9a. ORGANIZATION'S NAME} Aqua Finance, Inc.					
OR 9b. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
A FIX / A F A A A A A A A A A A A A A A A A A	4.0				
10. OPTIONAL FILER REFERENCE DATA: :AFIX4052293	18				2612 6696

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS

11. INITIAL FINANCING STATEMENT FILE NUMBER: Sai 20210520000249840 05/20/2021	me as item 1a on Amendment form	
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT:		
12a. ORGANIZATION'S NAME		
Aqua Finance, Inc.		
OR 12b. INDIVIDUAL'S SURNAME		
FIRST PERSONAL NAME		
4.0.0.1.4.1.4.1.4.0.1.4.1.4.0.1.4.1.4.0.1.4.1.4	Taurenz	
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
		THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY
13. Name of DEBTOR on related financing statement (Nam one Debtor name (13a or 13b) (use exact, full name; do not om		g purposes only in some filing offices - see Instruction item 13): Provide only me): see Instructions if name does not fit
13a. ORGANIZATION'S NAME		
TSa. ONGANIZATION S NAIVIL		
OR 13b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
HALL	CODY	
44 ADDITIONAL CDACE FOR (CHECK ONE DOX).	4 ITEM 0 (Calleteral) OD	TUED INCORMATION (Disease Deserting)
14. ADDITIONAL SPACE FOR (CHECK ONE BOX):	ITEM 8 (Collateral) OR	THER INFORMATION (Please Describe)



Filed and Recorded
Official Public Records
Judge of Probate, Shelby County Alabama, County
Clerk
Shelby County, AL
07/28/2023 09:20:45 AM
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15. This FINANCING STATEMENT AMENDMENT: Covers timber to be cut Covers as-extracted collateral 16. Name and address of a RECORD OWNER of real estate described in item 17 (if Debtor does not have a record interest): CODY HALL 410 N LAKE RD BIRMINGHAM, AL 35242-7030	17. Description of real estate: 410 N LAKE RD BIRMINGHAM, AL 35242-7030 County SHELBY COUNTY Parcel Number 038340007031000 Abbrev. Description SEC/TWNSHP/RAN 34 18S 01W NBRHD: 13 NORTHLAKE R-2
18. MISCELLANEOUS:	

20230728000226370