

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

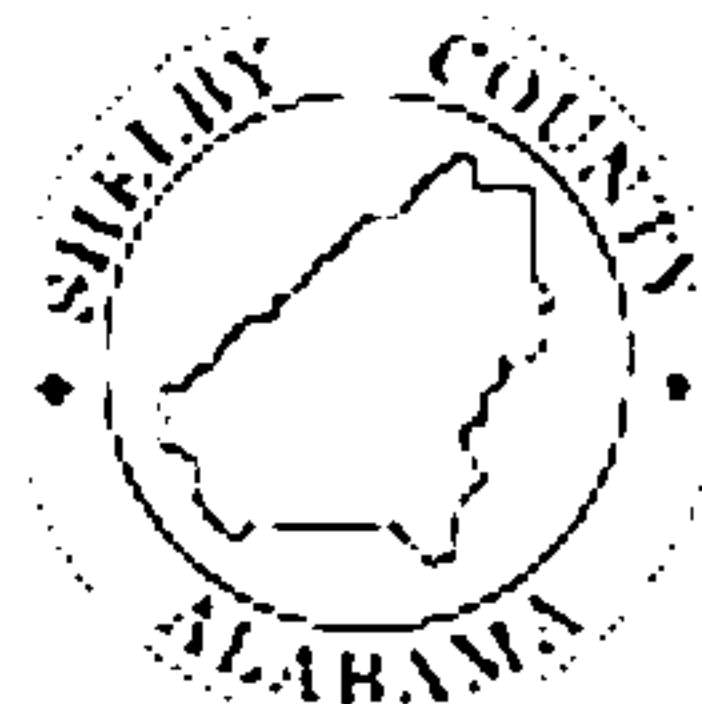
A. NAME & PHONE OF CONTACT AT FILER [optional] Gina Williams (205) 263-4718	
B. SEND ACKNOWLEDGMENT TO: (Name and Address) Oakworth Capital Bank Loan Operations Department 850 Shades Creek Parkway, Ste 200 Birmingham, AL 35209	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE # Instrument #20190201000033070		1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. <input type="checkbox"/>	
2. <input type="checkbox"/> TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.			
3. <input checked="" type="checkbox"/> CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.			
4. <input type="checkbox"/> ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9.			
5. AMENDMENT (PARTY INFORMATION): This Amendment affects <input checked="" type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record. Check only <u>one</u> of these two boxes. Also check <u>one</u> of the following three boxes and provide appropriate information in items 6 and/or 7. <input checked="" type="checkbox"/> CHANGE name and/or address: Please refer to the detailed instructions in regards to changing the name/address of a party. <input type="checkbox"/> DELETE name: Give record name to be deleted in item 6a or 6b. <input type="checkbox"/> ADD name: Complete item 7a or 7b, and also item 7c; also complete items 7e-7g, if applicable.			
6. CURRENT RECORD INFORMATION:			
6a. ORGANIZATION'S NAME SWS-TX Realty, Inc.		FIRST NAME	
OR 6b. INDIVIDUAL'S LAST NAME		MIDDLE NAME	
		SUFFIX	
7. CHANGED (NEW) OR ADDED INFORMATION:			
7a. ORGANIZATION'S NAME Medical Building, LLC		FIRST NAME	
OR 7b. INDIVIDUAL'S LAST NAME		MIDDLE NAME	
		SUFFIX	
7c. MAILING ADDRESS 5301 Old Leeds Road		CITY Birmingham	
		STATE AL	
		POSTAL CODE 35210-3047	
		COUNTRY USA	
7d. SEE INSTRUCTIONS		7e. TYPE OF ORGANIZATION LLC	
ADD'L INFO RE ORGANIZATION DEBTOR		7f. JURISDICTION OF ORGANIZATION Jefferson County, AL	
		7g. ORGANIZATIONAL ID #, if any 88-18314383	
		<input type="checkbox"/> NONE	

8. AMENDMENT (COLLATERAL CHANGE): check only one box.
Describe collateral ☐ deleted or ☐ added, or give entire ☐ restated collateral description, or describe collateral ☐ assigned.

CONTINUATION OF Instrument #20150106000006250



Filed and Recorded
Official Public Records
Judge of Probate, Shelby County Alabama, County
Clerk
Shelby County, AL
08/07/2023 03:08:54 PM
\$41.00 JOANN
20230807000237990

Allen S. Bayl

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here <input type="checkbox"/> and enter name of DEBTOR authorizing this Amendment.			
9a. ORGANIZATION'S NAME OAKWORTH CAPITAL BANK			
OR 9b. INDIVIDUAL'S LAST NAME			
FIRST NAME			
MIDDLE NAME			
SUFFIX			

10. OPTIONAL FILER REFERENCE DATA

Shelby County Judge of Probate