20230824000254550 08/24/2023 09:47:24 AM UCC6 1/1

## UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS	/ICIN I				
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)					
2632 32055 CSC 801 Adlai Stevenson Drive Springfield, IL 62703	Filed In: Alabama (Shelby)				
SEE BELOW FOR SECURED BARTY CONTACT INFO		THE ABOVE	CDACE IS EO	D EILING OFFICE US	E ONLY
SEE BELOW FOR SECURED PARTY CONTACT INFO 1a. INITIAL FINANCING STATEMENT FILE NUMBER	THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  1b. 7 This FINANCING STATEMENT AMENDMENT is to be filed [for record]				
20211103000533370 11/03/2021	Ib. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Filer: <u>attach</u> Amendment Addendum (Form UCC3Ad) <u>and</u> provide Debtor's name in item 13.				
2. TERMINATION: Effectiveness of the Financing Statement identified at	oove is terminated with resp	pect to the security interest(s) o	of Secured Part(y	)(ies) authorizing this Tern	nination Statement
3. ASSIGNMENT: Provide name of Assignee in item 7a or 7b, and address For partial assignment, complete items 7 and 9; check ASSIGN Collateration	ess of Assignee in item 7c and describ	and name of Assignor in item 9 e the affected collateral in item	8		
4. CONTINUATION: Effectiveness of the Financing Statement identified additional period provided by applicable law	above with respect to the	security interest(s) of Secured F	Party authorizing	this Continuation Stateme	ent is continued for the
5. PARTY INFORMATION CHANGE:					
Check one of these two boxes:  Check one of these two boxes:  CHANGE name and/or address: Complete — ADD name: Complete item — DELETE name: Give record name					
	CHANGE name and/or a item 6a or 6b; <u>and</u> item		or 7b, <u>and</u> item 7	to be deleted	in item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Information 6a. ORGANIZATION'S NAME Thornton Holdings, LLC	n Change - provide only <u>on</u>	e name (6a or 6b)			
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party I	nformation Change - provide only	one name (7a or 7b) (use exact, full na	ame: do not omit, mo	dify, or abbreviate any part of the	e Debtor'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:  Indicate collateral:  *Check ASSIGN COLLATERAL only if the assignee's power to amend the record is limited to certain collateral and describe to the string of the second					
THANKS OF THE PARTY OF THE PART	08/24/2023 09 \$.00 JOANN 202308240002	:47:24 AM	ale	- 5. Beyol	
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THE In this is an Amendment authorized by a DEBTOR, check here and pro-		<del>-</del>	name of Assigno	or, if this is an Assignment)	
9a. ORGANIZATION'S NAME ServisFirst Bank					
OR 9b. INDIVIDUAL'S SURNAME	FIRST PERSON	IAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA: BillingRef2 - 4828	36				2632 3205