20231122000341280 11/22/2023 08:48:06 AM UCC6 1/1

UCC FINANCING STATEMENT AMENDE FOLLOW INSTRUCTIONS	MENT					
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)						
2697 88087 CSC						
801 Adlai Stevenson Drive Springfield, IL 62703	Filed In:	Alabama (Shelby)				
SEE BELOW FOR SECURED PARTY CONTACT IN	NFORMATIC	)N	THE ABOVE	SPACE IS FO	R FILING OFFICE US	SE ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER 20230626000190000 06/26/2023		11	This FINANCING STA (or recorded) in the R (Form UCC3Ad) <u>and</u>		DMENT is to be filed [for r CORDS. Filer: <u>attach</u> Ame name in item 13.	ecord] endment Addendum
2. TERMINATION: Effectiveness of the Financing Statement identified	d above is terr	ninated with respe	ct to the security interest(s)	of Secured Part()	/)(ies) authorizing this Ter	mination Statement
3. ASSIGNMENT: Provide name of Assignee in item 7a or 7b, and action for partial assignment, complete items 7 and 9; check ASSIGN Collaboration						
4. CONTINUATION: Effectiveness of the Financing Statement identification additional period provided by applicable law	fied above with	h respect to the se	curity interest(s) of Secured	Party authorizing	this Continuation Statem	ent is continued for the
5. PARTY INFORMATION CHANGE:						
Check one of these two boxes:	_	of these three boxe		Diname: Comple	ete item DELETE nar	me: Give record name
This Change affects Debtor or Secured Party of record  6. CURRENT RECORD INFORMATION: Complete for Party Information			or 7b <u>and</u> item 7c7a	or 7b, <u>and</u> item 7	to be deleted	d in item 6a or 6b
6a. ORGANIZATION'S NAME	ation Change -	provide only <u>one</u> i	laine (oa oi ob)			
OR 6b. INDIVIDUAL'S SURNAME		FIRST PERSONA	NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Pa	arty Information Cl	hange - provide only <u>or</u>	e name (7a or 7b) (use exact, full r	name; do not omit, mo	odify, or abbreviate any part of th	ne Debtor's name)
Ta. Ortortione						
OR 7b. INDIVIDUAL'S SURNAME						
INDIVIDUAL'S FIRST PERSONAL NAME						
INDIVIDUALS FIRST FERGONAL NAME						
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)						SUFFIX
75 MAILING ADDDESS		CITY		LOTATE	IDOCTAL CODE	COLINTDY
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 ASS	IGN COLLATERAL only	if the assignee's power to amend	the record is limited t	o certain collateral and describe	the collateral in Section 8
				Filed and	Recorded ıblic Records	
					robate, Shelby County Alabai	ma, County
				Shelby Co 11/22/2023 \$39.00 PA	08:48:06 AM	
			LABANI	202311220		alling 5. Beyol
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING	THIC AMEN	NDMENT: Drovic	o only one name (On or Oh)	/name of Assign	er if this is an Assianment	
If this is an Amendment authorized by a DEBTOR, check here and				(name of Assigni	or, ir tillis is all Assigninelli	· <i>}</i>
9a. ORGANIZATION'S NAME SouthPoint Bank						
OR 9b. INDIVIDUAL'S SURNAME		FIRST PERSONA	NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA: 1000019511 Sv	veetHom	neBama.coi	η			2697 8808