



UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                            |                     |                                                                                                                                                                                                                                                     |             |                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------|
| A. NAME & PHONE OF CONTACT AT SUBMITTER (optional)<br>CSC 1-800-858-5294                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                            |                     |                                                                                                                                                                                                                                                     |             |                |
| B. E-MAIL CONTACT AT SUBMITTER (optional)<br>SPRFiling@cscglobal.com                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                            |                     |                                                                                                                                                                                                                                                     |             |                |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address)<br><div>2753 14018<br/>CSC<br/>801 Adlai Stevenson Drive<br/>Springfield, IL 62703</div> <div>Filed In: Alabama (Shelby)</div>                                                                                                                                                                                                                                                                                                                                         |                                            |                     |                                                                                                                                                                                                                                                     |             |                |
| SEE BELOW FOR SECURED PARTY CONTACT INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                            |                     | THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY                                                                                                                                                                                                       |             |                |
| 1a. INITIAL FINANCING STATEMENT FILE NUMBER<br>20140702000199720 07/02/2014                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                            |                     | 1b. <input checked="" type="checkbox"/> 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. <input type="checkbox"/> TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Part(y)(ies) authorizing this Termination Statement                                                                                                                                                                                                                                                                                             |                                            |                     |                                                                                                                                                                                                                                                     |             |                |
| 3. <input type="checkbox"/> ASSIGNMENT: Provide name of Assignee in item 7a or 7b, <u>and</u> address of Assignee in item 7c <u>and</u> name of Assignor in item 9<br>For partial assignment, complete items 7 and 9; check ASSIGN Collateral box in Item 8 and describe the affected collateral in item 8                                                                                                                                                                                                           |                                            |                     |                                                                                                                                                                                                                                                     |             |                |
| 4. <input checked="" type="checkbox"/> CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law                                                                                                                                                                                                                                   |                                            |                     |                                                                                                                                                                                                                                                     |             |                |
| 5. PARTY INFORMATION CHANGE:<br>Check <u>one</u> of these two boxes: <input type="checkbox"/> Debtor <u>or</u> <input type="checkbox"/> Secured Party of record <u>AND</u> Check <u>one</u> of these three boxes to:<br><input type="checkbox"/> CHANGE name and/or address: Complete item 6a or 6b; <u>and</u> item 7a or 7b <u>and</u> item 7c <input type="checkbox"/> ADD name: Complete item 7a or 7b, <u>and</u> item 7c <input type="checkbox"/> DELETE name: Give record name to be deleted in item 6a or 6b |                                            |                     |                                                                                                                                                                                                                                                     |             |                |
| 6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only <u>one</u> name (6a or 6b)                                                                                                                                                                                                                                                                                                                                                                                                       |                                            |                     |                                                                                                                                                                                                                                                     |             |                |
| OR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 6a. ORGANIZATION'S NAME P&N Calera, LLC    |                     |                                                                                                                                                                                                                                                     |             |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 6b. INDIVIDUAL'S SURNAME                   | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S)                                                                                                                                                                                                                       | SUFFIX      |                |
| 7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only <u>one</u> name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)                                                                                                                                                                                                                                                                                              |                                            |                     |                                                                                                                                                                                                                                                     |             |                |
| OR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 7a. ORGANIZATION'S NAME                    |                     |                                                                                                                                                                                                                                                     |             |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 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<br>USA |
| 8. COLLATERAL CHANGE: Check only <u>one</u> box: <input type="checkbox"/> ADD collateral <input type="checkbox"/> DELETE collateral <input type="checkbox"/> RESTATE covered collateral <input type="checkbox"/> ASSIGN* collateral<br>Indicate collateral: *Check ASSIGN COLLATERAL only if the assignee's power to amend the record is limited to certain collateral and describe the collateral in Section 8                                                                                                      |                                            |                     |                                                                                                                                                                                                                                                     |             |                |
| 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only <u>one</u> name (9a or 9b) (name of Assignor, if this is an Assignment)<br>If this is an Amendment authorized by a DEBTOR, check here <input type="checkbox"/> and provide name of authorizing Debtor                                                                                                                                                                                                                                    |                                            |                     |                                                                                                                                                                                                                                                     |             |                |
| OR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 9a. ORGANIZATION'S NAME ServisFirst Bank   |                     |                                                                                                                                                                                                                                                     |             |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 9b. INDIVIDUAL'S SURNAME                   | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S)                                                                                                                                                                                                                       | SUFFIX      |                |
| 10. OPTIONAL FILER REFERENCE DATA: BillingRef2 - 21848                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                            |                     |                                                                                                                                                                                                                                                     |             |                |
| 2753 14018                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                            |                     |                                                                                                                                                                                                                                                     |             |                |

UCC FINANCING STATEMENT AMENDMENT ADDENDUM  
FOLLOW INSTRUCTIONS

|                                                                                                                |                                              |        |
|----------------------------------------------------------------------------------------------------------------|----------------------------------------------|--------|
| 11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form<br>20140702000199720 07/02/2014 |                                              |        |
| 12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form                                 |                                              |        |
| OR                                                                                                             | 12a. ORGANIZATION'S NAME<br>ServisFirst Bank |        |
|                                                                                                                |                                              |        |
|                                                                                                                | 12b. INDIVIDUAL'S SURNAME                    |        |
|                                                                                                                | FIRST PERSONAL NAME                          |        |
|                                                                                                                | ADDITIONAL NAME(S)/INITIAL(S)                | SUFFIX |

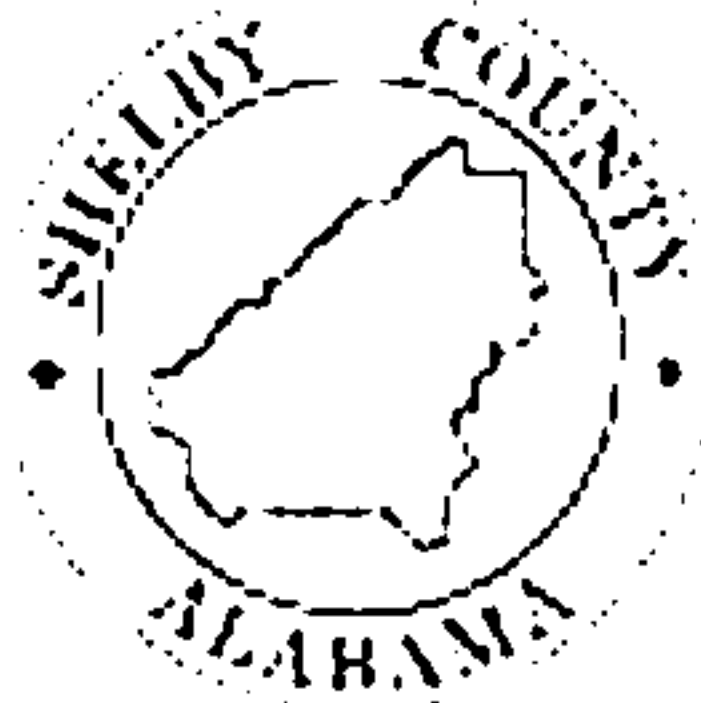
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

|                                                                                                                                                                                                                                                                                                                                                        |                           |                     |                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|---------------------|-------------------------------|
| 13. Name of DEBTOR on related financing statement (Name of a current Debtor of record required for indexing purposes only in some filing offices - see Instruction item 13): Provide only one Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); see Instructions if name does not fit |                           |                     |                               |
| OR                                                                                                                                                                                                                                                                                                                                                     | 13a. ORGANIZATION'S NAME  |                     |                               |
|                                                                                                                                                                                                                                                                                                                                                        | 13b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) |

14. ADDITIONAL SPACE FOR (CHECK ONE BOX): ☒ ITEM 8 (Collateral) OR ☐ OTHER INFORMATION (Please Describe)

15. This FINANCING STATEMENT AMENDMENT:  
☐ covers timber to be cut ☐ covers as-extracted collateral ☒ is filed as a fixture filing

16. Name and address of a RECORD OWNER of real estate described in item 17  
(if Debtor does not have a record interest):



Filed and Recorded  
Official Public Records  
Judge of Probate, Shelby County Alabama, County  
Clerk  
Shelby County, AL  
02/06/2024 08:10:18 AM  
\$39.00 BRITTANI  
20240206000029060

17. Description of real estate:

*Allen S. Boyd*

18. MISCELLANEOUS: