LICC CINIANCING STATEMENT AMENDMENT

NAME & PHONE OF CONTACT AT SUBMITTER (o	ptional)			
Beth Dunn 205-339-45				
E-MAIL CONTACT AT SUBMITTER (optional)				
bdunn@firstsouthland.com			**************************************	88 N 8 88 N 86 N 86 N 8 N 8 N 8 N 8 N 8 N 8 N
SEND ACKNOWLEDGMENT TO: (Name and Addre	ss)			
First South Farm Credit, ACA			20240308000064500 1/1	1 \$39.00 Probate, A
4210 McFarland Blvd			03/08/2024 01:37:43	PM FILED/CE
Northport	AL 35476-0929			
SEE BELOW FOR SECURED PARTY CON	ITACT INFORMATION	THE ABOVE SP	ACE IS FOR FILING OFFICE USE ONLY	<u> </u>
a. INITIAL FINANCING STATEMENT FILE N 20190319000087350	IUMBER	1b. (or recorded) in the REAL ESTA	FAMENDMENT is to be filed [for record] ATE RECORDS Indum (Form UCC3Ad) and provide Debtor's nar	me in item 13
TERMINATION: Effectiveness of the Financ Statement	ing Statement identified above is to	erminated with respect to the security into	erest(s) of Secured Part(y)(ies) authorizing this	Termination
ASSIGNMENT: Provide name of Assignee is For partial assignment, complete items 7 and 9				
CONTINUATION: Effectiveness of the Final continued for the additional period provided by		vith respect to the security interest(s) of S	Secured Party authorizing this Continuation Stat	ement is
PARTY INFORMATION CHANGE:				
Check one of these two boxes:	AND Check one of these	e three boxes to:		
		· · · · · · · · · · · · · · · · · · ·	name: Complete item DELETE name: Giv	
This Change affects Debtor or Secured Par			7b, and item 7c to be deleted in item	r da di db
CURRENT RECORD INFORMATION: Compt	ete for Party Information Change -	- provide only one hame (oa or ob)	<u> </u>	
6a ORGANIZATION'S NAME Sommerville Family LLC				
OR 6b. INDIVIDUAL'S SURNAME	FIRS	T PERSONAL NAME	ADDITIONAL NAME (S)/INITIAL	(S) SUFFIX
OD. INDIVIDUAL S SUNIVAIVIL				``
CHANGED OR ADDED INFORMATION: Cor 7a. ORGANIZATION'S NAME	nplete for Assignment or Party Informatio	on Change - provide only <u>one</u> name (7a or 7b) (บร	e exact, full name; do not omit, modify, or abbreviate any	part of the Debtor's r
7b. INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME (S)/INIT	IAL(S)			SUFFIX
c. MAILING ADDRESS	CITY		STATE POSTAL CODE	COUNTRY U.S.A.
COLLATEDAL CHANCE, Chastrantians	box. ADD co	ollateral DELETE collateral	RESTATE covered collateral ASS	IGN collateral
COLLATERAL CHANGE: Check only <u>one</u> Indicate collateral:		L []	mend the record is limited to certain collateral and describ	
NAME OF SECURED PARTY OF RECORD If this is an Amendment authorized by a DE	D AUTHORIZING THIS AME BTOR, check here and p	NDMENT: Provide only one name rovide name of authorizing Debtor	(9a or 9b) (name of Assignor, if this is ar	n Assignment)
			<u> </u>	
9a. ORGANIZATION'S NAME				
		as agent/nomine		

10. OPTIONAL FILER REFERENCE DATA: