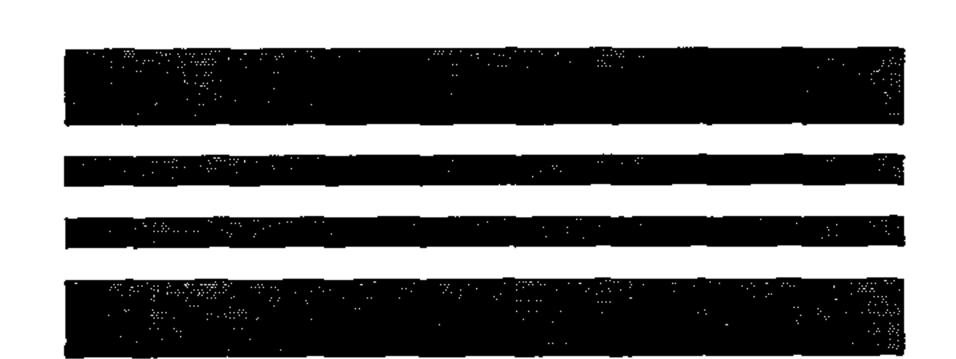


20240319000074840 1/1 \$.00 Shelby Cnty Judge of Probate, AL 03/19/2024 10:31:41 AM FILED/CERT



UCC FINANCING STATEMENT AMENDATED FOLLOW INSTRUCTIONS	AENT				
A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) PATRICIA PHILLIPS (229) 903-3375					
B. E-MAIL CONTACT AT SUBMITTER (optional) PATRICIA@FLINT.BANK					
C. SEND ACKNOWLEDGMENT TO: (Name and Address)					
Flint Community Bank PO Box 70878					
Albany, GA 31708					
SEE BELOW FOR SECURED PARTY CONTACT INFO	w The same particular to the same particular	<u> </u>	F 1	FILING OFFICE USE	From the control of the state o
1a. INITIAL FINANCING STATEMENT FILE NUMBER 23-0350137 DOR 07/24/2023		•	STATEMENT AMENDA e REAL ESTATE RECO and provide Debtor's na	MENT is to be filed [for record DRDS. Filer: <u>attach</u> Amendnume in item 13.	d] nent Addendum
2. TERMINATION: Effectiveness of the Financing Statement identified al	bove is terminated with resp			the state of the s	tion Statement
ASSIGNMENT: Provide name of Assignee in item 7a or 7b, and address For partial assignment, complete items 7 and 9; check ASSIGN Collaterations				n en	
4. CONTINUATION: Effectiveness of the Financing Statement identified additional period provided by applicable law	above with respect to the s	ecurity interest(s) of Secu	red Party authorizing th	nis Continuation Statement i	s continued for the
5. PARTY INFORMATION CHANGE:				and the second s	en transport to the transport to the second transport transport transport to the second transport transp
Check <u>one of these two doxes.</u>	heck <u>one</u> of these three box CHANGE name and/or a	ddress: Complete	ADD name: Complete	item DELETE name:	
6. CURRENT RECORD INFORMATION: Complete for Party Information	item 6a or 6b; <u>and</u> item 7 n Change - provide only <u>one</u>		7a or 7b, <u>and</u> item 7c	to be deleted in it	em oa or ob
6a. ORGANIZATION'S NAME MICHAEL ALLEN LASLIE					
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	Information Change - provide only	one name (7a or 7b) (use exact,	fu!] name; do not omit, modi	ly, or abbreviate any part of the Del	otor's name)
7a. ORGANIZATION'S NAME			<u> </u>		
OR 76. INDIVIDUAL'S SURNAME	<u> </u>	<u> </u>	<u> </u>	<u> </u>	
INDIVIDUAL'S FIRST PERSONAL NAME	<u> </u>				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	<u> </u>				SUFFIX
7c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
8. COLLATERAL CHANGE: Check only one box:	ADD collateral	DELETE collateral	RESTATE cov	ered collateral	SSIGN* collateral
Indicate collateral:	*Check ASSIGN COLLATERAL o	nly if the assignee's power to an	nend the record is limited to d	ertain collateral and describe the c	ollateral in Section 8
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING TO If this is an Amendment authorized by a DEBTOR, check here and pro-	HIS AMENDMENT: Provovide name of authorizing De	ide only <u>one</u> name (9a or ebtor	9b) (name of Assignor,	if this is an Assignment)	
9a. ORGANIZATION'S NAME Flint Community Bank					
96. INDIVIDUAL'S SURNAME	FIRST PERSON.	AL NAME	ADDITION	AL NAME(S)/INITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA:		, we are the second of the sec		n na sangan kanangan kanangan	en e
180006794 - AL	***		<u> </u>	en Tourist and the second of t	e de la companya del companya del companya de la co