

20240514000142800 05/14/2024 02:57:34 PM UCC7 1/1

## UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS					
A. NAME & PHONE OF CONTACT AT SUBMITTER (optional)	•				
Blake Jones					
B. E-MAIL CONTACT AT SUBMITTER (optional)	<del></del>				
blake_jones@trustmark.com			Filed and Re Official Pub		
C. SEND ACKNOWLEDGMENT TO: (Name and Address)				bate, Shelby County Alaba	ma, County
Trustmark National Bank	· · · ·		Clerk Shelby Cour		
1808 29th Avenue South	•		05/14/2024 0 \$39.00 JOAN		
Homewood, AL 35209		CAHANIE .	20240514000		شعف
	<b>†</b>				سلس
					<b>0.111.1</b> 7
SEE BELOW FOR SECURED PARTY CONTACT INFORMA  1a. INITIAL FINANCING STATEMENT FILE NUMBER				R FILING OFFICE USE (  OMENT is to be filed [for reco	
20220228000083140		1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in			
2. TERMINATION: Effectiveness of the Financing Statement identified above is	s terminated with resp	ect to the security interest(s	s) of Secured Part(y	(ies) authorizing this Termina	ation Statement
3. ASSIGNMENT: Provide name of Assignee in item 7a or 7b, and address of Assignment, complete items 7 and 9; check ASSIGN Collateral box in					
4. CONTINUATION: Effectiveness of the Financing Statement identified above additional period provided by applicable law	e with respect to the s	ecurity interest(s) of Secure	ed Party authorizing	this Continuation Statement i	is continued for the
5. PARTY INFORMATION CHANGE:					
Check one of these two box-	one of these three box			<u> </u>	
This Change affects Debtor or Secured Party of record item	ANGE name and/or a n 6a or 6b; <u>and</u> item 7	ddress: Complete A a or 7b <u>and</u> item 7c	DD name: Completa or 7b, <u>and</u> item 7c	te itemDELETE name: to be deleted in i	_
6. CURRENT RECORD INFORMATION: Complete for Party Information Chan					
6a. ORGANIZATION'S NAME			······································		· · · · · · · · · · · · · · · · · · ·
Valor Communities, LLC					
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME	ADDITIO	VAL NAME(S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information	tion Change - provide only	one name (7a or 7h) (use etact, fu	il name: do not omit, mo	dify, or abbreviate any part of the De	ebtor's name)
7. OF TATOLE OF TABBLE IN CITATION. Complete to Assignment of any information.  7a. ORGANIZATION'S NAME	non onango provide only	<u> </u>		any, or approximate any part of are	
OR 7b. INDIVIDUAL'S SURNAME				<del></del>	
INDIVIDUAL'S EIDST DEDSCALAL NAME	······································	·· ·· · · · · · · · · · · · · · · · ·		<u>.</u>	· · · · · · · · · · · · · · · · · · ·
INDIVIDUAL'S FIRST PERSONAL NAME					
	· · · · · · · · · · · · · · · · · · ·	<u> </u>			
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX	
7c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
8. COLLATERAL CHANGE: Also check one of these four boxes: A	ADD collateral	✓ DELETE collateral	RESTATE co	wered collateral	ASSIGN* collatera
	•	<del></del>			
		_		certain collateral and describe the o	
Lot 13 of the Plat of Wynlake, Sector 6, Phase 1 in Ma	ap Book 58, P	age 36 in the Oil	ice of the Ju	age of Probate of S	Sneldy
County, Alabama.					
Q. NAME OF SECURED PARTY OF RECORD ALITHORIZING THIS A	MENDMENT Prov	ide only one name (9a or 9	h) (name of Assigna	or if this is an Assignment)	
If this is an Amendment authorized by a DEBTOR, check here and provide n		-	b) (name of Assigno	or, if this is an Assignment)	
If this is an Amendment authorized by a DEBTOR, check here and provide n 9a. ORGANIZATION'S NAME		-	b) (name of Assigno	or, if this is an Assignment)	
If this is an Amendment authorized by a DEBTOR, check here and provide n  9a. ORGANIZATION'S NAME  Trustmark National Bank	name of authorizing D	ebtor	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		SUFFIX
9a. ORGANIZATION'S NAME  Trustmark National Bank		ebtor	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	or, if this is an Assignment)  NAL NAME(S)/INITIAL(S)	SUFFIX
If this is an Amendment authorized by a DEBTOR, check here and provide n  9a. ORGANIZATION'S NAME  Trustmark National Bank	name of authorizing D	ebtor	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		SUFFIX
If this is an Amendment authorized by a DEBTOR, check here and provide n  9a. ORGANIZATION'S NAME  Trustmark National Bank  9b. INDIVIDUAL'S SURNAME  10. OPTIONAL FILER REFERENCE DATA:	name of authorizing D	ebtor	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		SUFFIX
If this is an Amendment authorized by a DEBTOR, check here and provide n  9a. ORGANIZATION'S NAME  Trustmark National Bank  9b. INDIVIDUAL'S SURNAME	name of authorizing D	ebtor	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		SUFFIX