20240529000158460 05/29/2024 09:11:13 AM UCC6 1/1



UCC FINANCING STATEMENT AMENDM FOLLOWINSTRUCTIONS	ENT			
A. NAME & PHONE OF CONTACT AT SUBMITTER (optional)				
B. E-MAIL CONTACT AT SUBMITTER (optional)				
C. SEND ACKNOWLEDGMENT TO: (Name and Address)			Filed and Recorded Official Public Records	
Mavrides, Moyal, Packman & Sadkin, LLF 276 Fifth Avenue, Suite 404 Attention: Eric Sadkin, Esq. New York, NY 10001	P	AHAMI A	Judge of Probate, Shelby County Al- Clerk Shelby County, AL 05/29/2024 09:11:13 AM \$.00 PAYGE 20240529000158460	abama, County
SEE BELOW FOR SECURED PARTY CONTACT INFOR	RMATION	THE ABOVE S	SPACE IS FOR FILING OFFICE USE	ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER 20230823000254150 08/23/2023		•	"EMENT AMENDMENT is to be filed [for reco AL ESTATE RECORDS, Filer: attach Amendr rovide Debtor's name in item 13.	rd] ment Addendum
2. X TERMINATION: Effectiveness of the Financing Statement identified about	ove is terminated with res	pect to the security interest(s) of	f Secured Part(y)(ies) authorizing this Termina	ation Statement
ASSIGNMENT: Provide name of Assignee in item 7a or 7b, <u>and</u> address For partial assignment, complete items 7 and 9; check ASSIGN Collateral lines.			8	
4. CONTINUATION: Effectiveness of the Financing Statement identified a additional period provided by applicable law	above with respect to the	security interest(s) of Secured F	Party authorizing this Continuation Statement	is continued for the
5. PARTY INFORMATION CHANGE:				
Check one of these two poxes.		address: Complete 7a or 7b <u>and</u> item 7c 7a o	name: Complete item DELETE name: to be deleted in	Give record name item 6a or 6b
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSO	NAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
		•		
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information of Change of Chang	formation Change - provide onl	y <u>one</u> name (7a or 7b) (use exact, full na	eme; do not omit, modify, or abbreviate any part of the De	ebtor'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
8. COLLATERAL CHANGE: Check only one box: Indicate collateral:	ADD collateral Check ASSIGN COLLATERAL		RESTATE covered collateral he record is limited to certain collateral and describe the	ASSIGN* collateral collateral in Section B
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING TH If this is an Amendment authorized by a DEBTOR, check here and prov 9a. ORGANIZATION'S NAME MAXIM CREDIT GROUP, LLC		• —	(name of Assignor, if this is an Assignment)	
9b. INDIVIDUAL'S SURNAME	FIRST PERSO	NAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA: Filed with: AL - Shelby County; Debtor: SPRIN	IG ROCK BRI	DGE PROPERTY (- -	#988851 #1351195