

20240703000202400
07/03/2024 12:47:08 PM
UCC7 1/1

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

| |
|--|
| A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) |
| B. E-MAIL CONTACT AT SUBMITTER (optional) |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address) |
| <div></div> <div></div> |
| SEE BELOW FOR SECURED PARTY CONTACT INFORMATION |



Filed and Recorded
Official Public Records
Judge of Probate, Shelby County Alabama, County
Clerk
Shelby County, AL
07/03/2024 12:47:08 PM
\$39.00 BRITTANI
20240703000202400

Allen S. Bayl

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

| | |
|---|--|
| 1a. INITIAL FINANCING STATEMENT FILE NUMBER 20220228000083140 | 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) and provide Debtor's name in |
| 2. <input checked="" 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, and address of Assignee in item 7c and name of Assignor in item 9 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 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: Check <u>one</u> of these two boxes: This Change affects <input type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record | AND Check <u>one</u> of these three boxes to: <input type="checkbox"/> CHANGE name and/or address: Complete item 6a or 6b; and item 7a or 7b and item 7c <input type="checkbox"/> ADD name: Complete item 7a or 7b, and 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) | |

| | | | |
|--|---------------------|-------------------------------|--------|
| 6a. ORGANIZATION'S NAME Valor Communities, LLC | OR | | |
| 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) | | | | |
| 7a. ORGANIZATION'S NAME | | | | |
| OR | | | | |
| 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: Also check <u>one</u> of these four boxes: | <input type="checkbox"/> ADD collateral | <input checked="" type="checkbox"/> DELETE collateral | <input type="checkbox"/> RESTATE covered collateral | <input type="checkbox"/> ASSIGN* collateral |
| 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 | | | | |

Lot 29, according to the Plat of Wynlake Sector 6, Phase 1, as recorded in Map Book 58, Page 36 in the Office of the Judge of Probate of Shelby County, Alabama

| | | | | |
|---|--|--|--|--|
| 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) If this is an Amendment authorized by a DEBTOR, check here <input type="checkbox"/> and provide name of authorizing Debtor | | | | |
| 9a. ORGANIZATION'S NAME Trustmark National Bank | | | | |
| OR | | | | |
| 9b. INDIVIDUAL'S SURNAME | | | | |
| FIRST PERSONAL NAME | | | | |
| ADDITIONAL NAME(S)/INITIAL(S) | | | | |
| SUFFIX | | | | |

| |
|--|
| 10. OPTIONAL FILER REFERENCE DATA: PEL-24-2882 |
|--|