20240731000237700 07/31/2024 03:39:55 PM UCC6 1/1

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS	JIVI E IV I				
A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) CSC 1-800-858-5294					
B. E-MAIL CONTACT AT SUBMITTER (optional) SPRFiling@cscglobal.com			Filed and I	Recorded	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)		- (i) - (ii)	Official Pu	blic Records robate, Shelby County Al	lahama County
2892 58046			Clerk		iadama, County
CSC 30040				03:39:55 PM	
801 Adlai Stevenson Drive	Filed In: Alabama	ZABANA	\$.00 PAYG 202407310		_
Springfield, IL 62703	(Shelby)				alli 5.
SEE BELOW FOR SECURED PARTY CONTACT II	THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY				
1a. INITIAL FINANCING STATEMENT FILE NUMBER 20110708000198470 07/08/2011	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 item 13.				
2. TERMINATION: Effectiveness of the Financing Statement identified	ed above is terminated with resp	pect to the security interes	t(s) of Secured Part(y)	(ies) authorizing this Term	nination Statement
3. ASSIGNMENT: Provide name of Assignee in item 7a or 7b, and a For partial assignment, complete items 7 and 9; check ASSIGN Collaboration.	ddress of Assignee in item 7c atteral box in Item 8 and describ	and name of Assignor in ite e the affected collateral in	em 9 item 8		
4. CONTINUATION: Effectiveness of the Financing Statement ident additional period provided by applicable law	ified above with respect to the	security interest(s) of Secu	ured Party authorizing t	his Continuation Stateme	ent is continued for the
5. PARTY INFORMATION CHANGE:					
	Check one of these three bo	xes to:			
This Change affects Debtor or Secured Party of record Secured Party of record item 6a or 6b; and item 7a or 7b and item 7c 7a or 7b, and item 7c to be deleted in					ne: Give record name in item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Information					
6a. ORGANIZATION'S NAME Rusert Homes, LLC					
OR OL BURNING CURNIANS			ADDITION	IAL BLABATION (IBUTIAL (O)	Toursen.
6b. INDIVIDUAL'S SURNAME	AL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX				
7 CHANCED OD ADDED INEODMATION: Complete for Assignment or D	arty Information Change - provide only	one name (7a er 7h) (use evest	full name: de net emit, med	life or abbroviate any nart of the	Dobtor's name
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or P 7a. ORGANIZATION'S NAME	arry iniormation Griange - provide only	one name (ra or rb) (use exact	, iuii mame, uo noi omii, mod	illy, or appreviate any part of the	Debior 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
70. WALLING ADDITION				1 OOIAL OODL	
					7 A O O I O N I# II - I I
8. COLLATERAL CHANGE: Check only one box:	ADD collateral	DELETE collateral		vered collateral	ASSIGN* collateral
Indicate collateral:	*Check ASSIGN COLLATERAL o	only if the assignee's power to ar	nend the record is limited to	certain collateral and describe t	he collateral in Section 8
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING	THIS AMENDMENT: Prov	vide 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 and	provide name of authorizing D		, ,	,	
9a. ORGANIZATION'S NAME ServisFirst Bank					
OR OF INDIVIDUAL'S SUBMAME	TEIDOT DEDOON	IAI NIANAE	LADDITION	AL NIAME/ON/MITIAL/ON	CHELIA
9b. INDIVIDUAL'S SURNAME	FIRST PERSON	NAL NAIVIE	ADDITION	IAL NAME(S)/INITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA: BillingRef2 - 13	519-13524				
10. OF HOMALT ILLINIAL LINES DATA. DITTING TO	,5 15 1552 - T				2892 58046