20240731000237720 07/31/2024 03:42:29 PM UCC6 1/1

UCC FINANCING STATEMENT AIVIEN FOLLOW INSTRUCTIONS	DIVIENI				
A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) CSC 1-800-858-5294					
B. E-MAIL CONTACT AT SUBMITTER (optional) SPRFiling@cscglobal.com					
C. SEND ACKNOWLEDGMENT TO: (Name and Address)			Filed and Rec Official Publi	c Records	
2892 58536 CSC			Judge of Prob Clerk Shelby Count 07/31/2024 03	• •	, County
801 Adlai Stevenson Drive Springfield, IL 62703	Filed In: Alabama (Shelby)	LARNE	\$.00 PAYGE 202407310002		alli 5. Buyl
SEE BELOW FOR SECURED PARTY CONTACT	INFORMATION	THE ABO	VE SPACE IS FOI	R FILING OFFICE USE	ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER 20110708000198510 07/08/2011	b. 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	ied above is terminated with resp	pect to the security interest	(s) of Secured Part(y)	(ies) authorizing this Termi	nation Statement
3. ASSIGNMENT: Provide name of Assignee in item 7a or 7b, and For partial assignment, complete items 7 and 9; check ASSIGN Col					
4. CONTINUATION: Effectiveness of the Financing Statement ider additional period provided by applicable law	ntified above with respect to the s	security interest(s) of Secu	red Party authorizing	this Continuation Statemen	it is continued for the
5. PARTY INFORMATION CHANGE:					
	ND Check one of these three bo				
This Change affects Debtor or Secured Party of record	CHANGE name and/or a item 6a or 6b; <u>and</u> item 7	address: Complete 7a or 7b <u>and</u> item 7c	ADD name: Complet 7a or 7b, <u>and</u> item 7d	to be deleted in	e: Give record name n item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Inform 6a. ORGANIZATION'S NAME Rusert Homes, LLC	nation Change - provide only <u>one</u>	e name (6a or 6b)			
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSON	IAL NAME	ADDITION	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX	
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or	Party Information Change - provide only	one name /7s or 7h\ /use eyest	full name: do not emit, mor	lift, or abbroxiate any part of the l	Dobtor's name)
7. OF IXIOLD OF ADDLD IN OF IVIX TON. Complete for Assignment of Ta. ORGANIZATION'S NAME	ranty innomination Griange - provide only	One hame (7a or 7b) (use exact,	iuli mame, uo not omit, mot	illy, or abbreviate ally part of the i	
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: Check only one box:	ADD collateral	DELETE collateral		vered collateral	ASSIGN* collateral
Indicate collateral:	*Check ASSIGN COLLATERAL of			•	
		,			
9. NAME OF SECURED PARTY OF RECORD AUTHORIZIN	G THIS AMENDMENT: Prov	vide only one name (9a or t	9h) (name of Assigno	r if this is an Assignment)	
If this is an Amendment authorized by a DEBTOR, check here an		_	ob) (name or reorgine	, ii tillo lo till ribolgillilorit,	
9a. ORGANIZATION'S NAME ServisFirst Bank					
OR 9b. INDIVIDUAL'S SURNAME	FIRST PERSON	IAL NAME	ADDITION	IAL NAME(S)/INITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA: BillingRef2 - 13	3519-1352 <u>/</u>				
10. OF HOMAL FILER REFERENCE DATA. DITTINGRETZ - 1.	JJ 13-1JJZ <del>4</del>				2892 58536