20241021000328720 10/21/2024 09:15:23 AM UCCCONT 1/1

## LICC FINANCING STATEMENT AMENDMENT

UCC FINANCING STATEMENT AWENDINI FOLLOW INSTRUCTIONS	ENI				
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 Re		
C. SEND ACKNOWLEDGMENT TO: (Name and Address)		111	Official Pub Judge of Pro	lic Records obate, Shelby County Alabai	na, County
2953 30723 CSC			Clerk Shelby Cour 10/21/2024 0 \$39.00 PAY	9:15:23 AM	
004 Adlat Ctarrages Debra	led In: Alabama		20241021000		
Springfield, IL 62703	(Shelby)	WARNING.			alli-5.3
SEE BELOW FOR SECURED PARTY CONTACT INFOR	MATION	THE ABOV	E SPACE IS FOR	R FILING OFFICE USE	ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER 20100319000081380 3/19/2010		b. This FINANCING ST (or recorded) in the f (Form UCC3Ad) <u>and</u>		MENT is to be filed [for reco ORDS. Filer: <u>attach</u> Amendi ame in item 13.	rd] ment Addendum
2. TERMINATION: Effectiveness of the Financing Statement identified above	/e is terminated with resp	ect to the security interest(s)	of Secured Part(y)	(ies) authorizing this Termina	ation Statement
3. ASSIGNMENT: Provide name of Assignee in item 7a or 7b, and address For partial assignment, complete items 7 and 9; check ASSIGN Collateral by					
4. CONTINUATION: Effectiveness of the Financing Statement identified at additional period provided by applicable law	ove with respect to the s	ecurity interest(s) of Secure	d Party authorizing	this Continuation Statement	is continued for the
5. PARTY INFORMATION CHANGE:					
Check one of these two boxes.	ck <u>one</u> of these three box				
This Change affects Debtor or Secured Party of record	CHANGE name and/or a item 6a or 6b; <u>and</u> item 7	ddress: Complete Al a or 7b <u>and</u> item 7c 7a	DD name: Complet a or 7b, <u>and</u> item 7c	to be deleted in	
6. CURRENT RECORD INFORMATION: Complete for Party Information C	hange - provide only <u>one</u>	name (6a or 6b)			
6a. ORGANIZATION'S NAME Smith Properties, L.L.C.					
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSONA	AL NAME	ADDITION	IAL NAME(S)/INITIAL(S)	SUFFIX
7 OLIANOED OD ADDED INEODMATION, a					
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Info  7a. ORGANIZATION'S NAME	mation Change - provide only g	one name (7a or 7b) (use exact, full	name; do not omit, mod	lity, or abbreviate any part of the De	:btor'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: Check only one box:	ADD collateral	DELETE collateral	RESTATE co	vered collateral	ASSIGN* collateral
<u> </u>				certain collateral and describe the	
maicate collateral.	TIECK ADDION COLLAI LIVAL OI	ily il tile assignee's power to amen	u ine record is illilited to	certain conateral and describe line	Johateral III Occilori o
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS		_	) (name of Assignor	r, if this is an Assignment)	
If this is an Amendment authorized by a DEBTOR, check here and provide	le name of authorizing De	ebtor			
9a. ORGANIZATION'S NAME ServisFirst Bank					
OR 9b. INDIVIDUAL'S SURNAME	FIDET DEDOON	AT NIABAE	ADDITION	IAL NIAME/QV/INITIAL/QV	CHEEIV
BU. INDIVIDUAL O OUKINAIVIE	FIRST PERSONA	AL INAIVIE	ADDITION	IAL NAME(S)/INITIAL(S)	SUFFIX
40 ODTIONAL EU ED DEEEDENGE DATA 44440 0 444400					
10. OPTIONAL FILER REFERENCE DATA: 11119 & 11120					2953 30723