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FOLLOW INSTRUCTIONS	AI EIVIEN I AIVIENDI	VIENI				
A. NAME & PHONE OF CONTA	CT AT Ell ER (optional)					
Name: Wolters Kluwer Lien		282 Fax: 818-662-4141			-	
B. E-MAIL CONTACT AT FILER uccfilingreturn@woltersk						
C. SEND ACKNOWLEDGMENT	TO: (Name and Address) 117	29 - Capital One				
Lien Solutions P.O. Box 29071 Glendale, CA 91209		101889343 ALAL				
					•	
File	with: Shelby, AL		THE ABOV	E SPACE IS FO	R FILING OFFICE L	JSE ONLY
1a. INITIAL FINANCING STATEME 20200511000183380 5/1			(ór recorded) in th	ne REAL ESTATE	ENDMENT is to be filed RECORDS m UCC3Ad) <u>and</u> provide De	
2. TERMINATION: Effectivenes Statement	ss of the Financing Statement identi	ified above is terminated wit	th respect to the security in	terest(s) of Secure	d Party authorizing this	Termination
` ` '	l): Provide name of Assignee in item plete items 7 and 9 <u>and</u> also indicat			me of Assignor in i	tem 9	
4. CONTINUATION: Effectiven continued for the additional re	ess of the Financing Statement ider period provided by applicable law	ntified above with respect to	the security interest(s) of S	Secured Party auth	orizing this Continuation	n Statement is
5. PARTY INFORMATION CHA	· · · · · · · · · · · · · · · · · · ·					
Check one of these two boxes:		Check one of these three bo		NDD	As Standard DELETE was	a. Civa roomd nama
This Change affects Debtor of	or Secured Party of record	CHANGE name and/or item 6a or 6b; <u>and</u> item	7a or 7b <u>and</u> item 7c	ADD name: Comple a or 7b, <u>and</u> item 7	to be deleted	ne: Give record name in item 6a or 6b
6. CURRENT RECORD INFORMAT	TION: Complete for Party Information	on Change - provide only <u>on</u>	<u>e</u> name (6a or 6b)			<u> </u>
6a. ORGANIZATION'S NAME BIRMINGHAM 4600	APL MP. LLC					
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSON	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S) SUFFIX		
7. CHANGED OR ADDED INFORM	MATION: Complete for Assignment or Party	Information Change - provide only	one name (7a or 7b) (use exact,	full name; do not omit, r	nodify, or abbreviate any part o	f the Debtor's name)
7a. ORGANIZATION'S NAME						
OR 7b. INDIVIDUAL'S SURNAME						
INDIVIDUAL'S FIRST PERSON	VAL NAME	<u> </u>		· ·		
INDIVIDUAL'S ADDITIONAL N	AME(S)/INITIAL(S)					SUFFIX
					 _	
7c. MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
]
8 COLLATERAL CHANGE:	Also check one of these four box	es: L_ADD collateral	DELETE collateral	☐ RESTATE	covered collateral	ASSIGN collateral
Indicate collateral:			•			-
	•		• •		•	• •
		•				•
						•
	<u> </u>				· · · · · · · · · · · · · · · · · · ·	·
9. NAME OF SECURED PART If this is an Amendment authorize		G THIS AMENDMENT: Fand provide name of authorize		or 9b) (name of As	signor, if this is an Assigr	nment)
9a. ORGANIZATION'S NAME Capital One, Nationa	al Association, as Adminis	trative Agent				•
OR 9b. INDIVIDUAL'S SURNAME		FIRST PERSO	NAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE	E DATA: Debtor Name: BIRN	/INGHAM 4600 APL M	1P, LLC	•		•
101889343 ~	33312		-		4000375165	
			•		Prepared by Lien Solut	ions, P.O. Box 29071,



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UCC FINANCING STATEMENT AMENDMENT ADDENDUM FOLLOW INSTRUCTIONS 11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form 20200511000183380 5/11/2020 CC AL Shelby 12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form 12a. ORGANIZATION'S NAME Capital One, National Association, as Administrative Agent 12b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 13. Name of DEBTOR on related financing statement (Name of a current Debtor of record required for indexing purposes only in some filing offices - see Instruction item 13): Provide only one Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); see Instructions if name does not fit 13a. ORGANIZATION'S NAME 13b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 14. ADDITIONAL SPACE FOR ITEM 8 (Collateral): Debtor Name and Address: BIRMINGHAM 4600 APL MP, LLC - 181 West Madison Street, Suite 4700, Chicago, IL 60602 Secured Party Name and Address: Capital One, National Association, as Administrative Agent - Two Bethesda Metro Center, Suite 600, Bethesda, MD 20814 17. Description of real estate: 15. This FINANCING STATEMENT AMENDMENT: is filed as a fixture filing covers timber to be cut covers as-extracted collateral 16. Name and address of a RECORD OWNER of real estate described in item 17 (if Debtor does not have a record interest):

Capital One, National Association, as

File with: Shelby, AL

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18. MISCELLANEOUS: 101889343-AL-117 11729 - Capital One Collater