

## UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS					
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)					
3011 36573					
CSC 801 Adlai Stevenson Drive	lad la: Alabama				
Springfield, IL 62703	led In: Alabama (Shelby)				
SEE BELOW FOR SECURED PARTY CONTACT INFOR	RMATION	THE ABOVE S	PACE IS FOR F	FILING OFFICE USE	ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER 20200624000258580 06/24/2020	•	b. This FINANCING STATE (or recorded) in the REA	MENT AMENDMI L ESTATE RECO	ENT is to be filed [for reco	
2. TERMINATION: Effectiveness of the Financing Statement identified abo	ve is terminated with resp	(Form UCC3Ad) <u>and</u> pro ect to the security interest(s) of 3			ation Statement
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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	<del>-</del>	<del>-</del>			
4. CONTINUATION: Effectiveness of the Financing Statement identified a additional period provided by applicable law	bove with respect to the s	ecurity interest(s) of Secured Pa	rty authorizing this	s Continuation Statement	is continued for the
5. PARTY INFORMATION CHANGE:					
Check one of these two boxes.	eck <u>one</u> of these three box CHANGE name and/or a		name: Complete i	item — DELETE name:	Give record name
This Change affects Debtor or Secured Party of record  6. CURRENT RECORD INFORMATION: Complete for Party Information Complet	CHANGE name and/or a item 6a or 6b; <u>and</u> item 7		7b, <u>and</u> item 7c	to be deleted in	item 6a or 6b
6a. ORGANIZATION'S NAME CSE MANAGEMENT LLC	mange - provide only <u>one</u>	name (oa or ob)			
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSONA	AL NAME	ADDITIONAL	L NAME(S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Info	rmation Change - provide only o	ne name (7a or 7h) (use evact full nam	er do not omit modify	or abbreviate any part of the D	ehtor's name)
7. OT INTO LED OT CHEEN AND THE CHANGE TO THE COMPLETE TO PROSE THE CHANGE THE CHANGE TO THE CHANGE	minution ondrige - provide only	name (ra or rb) (ase exact, fail main	c, do not omit, modify,	, or appreviate any part of the D	
OR 7b. INDIVIDUAL'S SURNAME					
7 B. III BOYLE G GOTTI VIVIL					
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
7c. MAILING ADDRESS	CITY		STATE	OSTAL CODE	COUNTRY
					USA
8. COLLATERAL CHANGE: Check only one box:	ADD collateral	DELETE collateral	RESTATE cover		ASSIGN* collateral
Indicate collateral: *C	Check ASSIGN COLLATERAL or	nly if the assignee's power to amend the	record is limited to cer	rtain collateral and describe the	collateral in Section 8
0. NAME OFOURTO DADTY DECORDO MUTULO DURANTE					
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS If this is an Amendment authorized by a DEBTOR, check here and provides the providence in the provi			ime of Assignor, if	f this is an Assignment)	
9a. ORGANIZATION'S NAME Synovus Bank					
OR INDIVIDUAL'S SUBMANE	TEIDAT DEDAGO	A I . N I A N A C	ADDITIONA	NIANAT (ON AND THAT (ON	Touren/
9b. INDIVIDUAL'S SURNAME	FIRST PERSON	AL INAIVIE	ADDITIONAL	L NAME(S)/INITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA:					2044 2057

3011 36573

OLLOW INSTRUCTIONS		
1. INITIAL FINANCING STATEMENT FILE NUMBER: \$ 20200624000258580 06/24/2020	Same as item 1a on Amendment form	
2. NAME OF PARTY AUTHORIZING THIS AMENDMEN 12a. ORGANIZATION'S NAME	NT: Same as item 9 on Amendment form	
Synovus Bank		
R 12b. INDIVIDUAL'S SURNAME		
FIRST PERSONAL NAME		
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	'UE ADOVE SDACE IS EOD EILING OFFICE LISE ONLY
3. Name of DEBTOR on related financing statement (N		HE ABOVE SPACE IS FOR FILING OFFICE USE ONLY only in some filing offices - see Instruction item 13): Provide only
one Debtor name (13a or 13b) (use exact, full name; do not o	omit, modify, or abbreviate any part of the Debtor's name); see In	
13a. ORGANIZATION'S NAME CSE MANAGEM	1ENT LLC	
13b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
1. ADDITIONAL SPACE FOR (CHECK ONE BOX):	ITEM 8 (Collateral) OR OTHER IN	FORMATION (Please Describe)
ALAHAM.	Filed and Recorded Official Public Records Judge of Probate, Shelby County Alal Clerk Shelby County, AL 01/03/2025 10:09:04 AM \$39.00 JOANN 20250103000002730	
	Official Public Records Judge of Probate, Shelby County Alal Clerk Shelby County, AL 01/03/2025 10:09:04 AM \$39.00 JOANN	bama, County
	Official Public Records Judge of Probate, Shelby County Alal Clerk Shelby County, AL 01/03/2025 10:09:04 AM \$39.00 JOANN 20250103000002730  17. Description of real	alli 5. Beyl