20250129000027070 01/29/2025 08:56:21 AM UCC6 1/1

OCC FINANCING STATEMENT AWEND FOLLOW INSTRUCTIONS	NENI				
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)					
3032 56096 CSC 801 Adlai Stevenson Drive Springfield, IL 62703	Filed In: Alabama (Shelby)				
SEE BELOW FOR SECURED PARTY CONTACT INF  1a. INITIAL FINANCING STATEMENT FILE NUMBER	THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  The This EINANCING STATEMENT AMENDMENT is to be filed ifor record.				
20200130000039380 01/30/2020	1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Filer: <u>attach</u> Amendment Addendum (Form UCC3Ad) <u>and</u> provide Debtor's name in item 13.				
2. TERMINATION: Effectiveness of the Financing Statement identified a	above is terminated with resp	, , , , , , , , , , , , , , , , , , , ,			nation Statement
3. ASSIGNMENT: Provide name of Assignee in item 7a or 7b, and add	_	<del>-</del>			
For partial assignment, complete items 7 and 9; check ASSIGN Collate  4. CONTINUATION: Effectiveness of the Financing Statement identified			v authorizino	this Continuation Statemen	t is continued for the
additional period provided by applicable law			<i>,</i>		
5. PARTY INFORMATION CHANGE:					
Check <u>one</u> of these two boxes:  Check <u>one of these three boxes to:  CHANGE name and/or address: Complete  This Change affects  Debtor <u>or</u>  Secured Party of record  CHANGE name and/or address: Complete  The filem 6a or 6b; <u>and</u> item 7a or 7b <u>and</u> item 7c  The filem 6a or 6b; <u>and</u> item 7c</u>					
This Change affects Debtor or Secured Party of record  6. CURRENT RECORD INFORMATION: Complete for Party Information			o, <u>and</u> item 7	c to be deleted in	item 6a or 6b
6a. ORGANIZATION'S NAME Oak View AH Properties,					
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSONA	AL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party  7a. ORGANIZATION'S NAME	/ Information Change - provide only	one name (7a or 7b) (use exact, full name;	do not omit, mo	odify, or abbreviate any part of the D	Debtor's name)
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 c	overed collateral	ASSIGN* collateral
Indicate collateral:	*Check ASSIGN COLLATERAL or	nly if the assignee's power to amend the re	cord is limited t	o certain collateral and describe the	collateral in Section 8
erike en	Filed and Recorded Official Public Recor	rds			
		elby County Alabama, County			
	Shelby County, AL				
LAHANI -	01/29/2025 08:56:21 A \$.00 BRITTANI	_	_	_	
	20250129000027070	City City	<u>ن</u> 5 . Beب	pl	
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING 1			ne of Assigno	or, if this is an Assignment)	
If this is an Amendment authorized by a DEBTOR, check here and property of the second se	ovide name of authorizing De	ebtor			
Cakworth Capital Bank					
OR 9b. INDIVIDUAL'S SURNAME	FIRST PERSON.	AL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA: #*****6000					3032 5609