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UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS A. NAME & PHONE OF CONTACT AT FILER (optional) B. E-MAIL CONTACT AT FILER (optional) C. SEND ACKNOWLEDGMENT TO: (Name and Address) McPhail Sanchez, LLC P.O. Box 870 Mobile, AL 36601 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] <u>13. INITIAL FINANCING STATEMENT FILE NUMBER</u> (or recorded) in the REAL ESTATE RECORDS 20220819000326620 Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13 TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9 For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8 CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law PARTY INFORMATION CHANGE: AND Check one of these three boxes to: Check one of these two boxes: ADD name: Complete item 7a or 7b, and item 7c CHANGE name and/or address: Complete ____ DELETE name: Give record name: Secured Party of record This Change affects Debtor or item 6a or 6b; and item 7a or 7b and item 7c to be deleted in item 6a or 6b 6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b). 6a. ORGANIZATION'S NAME CAMERON ROSE 6b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name). 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 7c. MAILING ADDRESS POSTAL CODE CITY STATE COUNTRY COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral DELETE collateral RESTATE covered collateral ASSIGN collateral Indicate collateral: 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment) If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor 9a. ORGANIZATION'S NAME Alabama Power Company 9b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 10. OPTIONAL FILER REFERENCE DATA: Shelby

12a. ORGANIZATION'S	326620	em 1a on Amendment form		
Alabama l		as item 9 on Amendment form		
	Power Company	;		
12b. INDIVIDUAL'S SU	JRNAME			
FIRST PERSONA	NL NAME	•		
ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX	THE ABOVE SPACE IS FOR FILING OFFICE I	ICE ONI V
	or 13b) (use exact, full name; do not omit, modi	- ·	rposes only in some filing offices - see Instruction item	
13b. INDIVIDUAL'S SURNAME ROSE		FIRST PERSONAL NAME CAMERON	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
	Clerk Shelby County, AL 06/02/2025 09:48:40 AM \$.00 PAYGE 20250602000166380	ale: 5.5	Beyl	

18. MISCELLANEOUS: