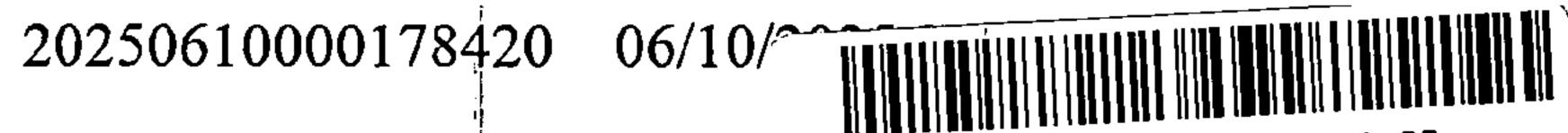


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UCC FINANCING STATEMENT AMEND FOLLOW INSTRUCTIONS	MENI				
A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) CSC 1-800-858-5294	i i				
B. E-MAIL CONTACT AT SUBMITTER (optional) SPRFiling@cscglobal.com	- ;	-	*	•	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	i i		:		
3147 14874 CSC		•			
CSC 801 Adlai Stevenson Drive Springfield, IL 62703	Filed In: Alabama (Shelby)				
SEE BELOW FOR SECURED PARTY CONTACT INI	FORMATION	THE ABOVE	E SPACE IS FOR F	ILING OFFICE USE (	ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER 20240123000017770 01/23/2024	; ,	1b. This FINANCING ST (or recorded) in the F	ATEMENT AMENDME REAL ESTATE RECOR provide Debtor's name		rd] nent Addendum
2. TERMINATION: Effectiveness of the Financing Statement identified	above is terminated with res	pect to the security interest(s)	of Secured Part(y)(ies	) authorizing this Termina	tion Statement
3. ASSIGNMENT: Provide name of Assignee in item 7a or 7b, and add For partial assignment, complete items 7 and 9; check ASSIGN Collate	dress of Assignee in item 7c eral box in Item 8 and describ	and name of Assignor in item be the affected collateral in item	9 m 8		,
4. CONTINUATION: Effectiveness of the Financing Statement identificational period provided by applicable law	ed above with respect to the	security interest(s) of Secured	i Party authorizing this	Continuation Statement	is continued for the
5. PARTY INFORMATION CHANGE:	ſ				
Check one of these two boxes:	CHANGE name and/or		D name: Complete its	emDELETE name:	Give record name
This Change affects Debtor or Secured Party of record	CHANGE name and/or item 6a or 6b; and item		DD name: Complete ite or 7b, <u>and</u> item 7c	to be deleted in i	tem 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Information.  6a. ORGANIZATION'S NAME Grant'S Mill, LLC	on Change - provide only on	<u>e</u> name (6a or 6b)			<u> </u>
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSO	VAL NAME	ADDITIONAL	NAME(S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Part	v Information Change - provide only	vince name (7a or 7h) (use exact, full	name: do not omit, modify, o	or abbreviate any part of the De	btor's name)
72. ORGANIZATION'S NAME	i	<u> </u>			
7b. INDIVIDUAL'S SURNAME	· · · · · · · · · · · · · · · · · · ·				
INDIVIDUAL'S FIRST PERSONAL NAME	<u> </u>	<u>.                                    </u>			
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				<u>,                                     </u>	SUFFIX
,	•	•			-
7c. MAILING ADDRESS	CITY ;		STATE	STAL CODE	COUNTRY
8. COLLATERAL CHANGE: Check only one box:	ADD collateral	DELETE collateral	RESTATE covere	ed collateral	ASSIGN* collateral
Indicate collateral:	*Check ASSIGN COLLATERAL	only if the assignee's power to amena	d the record is limited to cert	ain collateral and describe the o	collateral in Section 8
TO RELEASE ONLY THE FOLLOWING LOTS:					
LOT 49, ACCORDING TO THE SURVEY OF HUN- BOOK 60, PAGE 38, IN THE PROBATE OFFICE C			, AS RECORD	ED IN MAP	
	* !				
and	· · · · · · · · · · · · · · · · · · ·		•		
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING If this is an Amendment authorized by a DEBTOR, check here and p			) (name of Assignor, if	this is an Assignment)	
9a. ORGANIZATION'S NAME ServisFirst Bank					
9b. INDIVIDUAL'S SURNAME	FIRST PERSOI	NAL NAME	ADDITIONAL	NAME(S)/INITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA: BillingRef2 - 553	360				
10. OF FIGURE FILLIS INC. ENLINCE DATA, DITTING TOTAL TOTAL					3147 1487



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## UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS	•		
11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Am 20240123000017770 01/23/2024	endment form		
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on A	Amendment form		
12a. ORGANIZATION'S NAME ServisFirst Bank			
OCIVIOI NOL DUNK			
OR 125, INDIVIDUAL'S SURNAME	•		
120. INDIVIDUALS SURINAIVIE			
FIRST PERSONAL NAME	<u> </u>		
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX		
		THE ABOVE SPACE IS FOR FILING OFFICE U	SE ONLY
13. Name of DEBTOR on related financing statement (Name of a current Debtor one Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or abbrevia	·		rovide only
13a. ORGANIZATION'S NAME			
OR 406 BIDIVIDUALIO CUIDMANAS	TEIDET DEDECANAL MANC	LADDITIONIAL NIANTICONINTIAL (C)	Telléciv
13b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
14. ADDITIONAL SPACE FOR (CHECK ONE BOX): ITEM 8 (Co	ilateral) OR OTI	HER INFORMATION (Please Describe)	
LOTS 67, 79, 103, 106 and 111, ACCORDING TO TH RECORDED IN MAP BOOK 60, PAGE 87A AND 87B			
	,		
	• •		
	•		
Filed and Recorded	_		
Official Public Record Judge of Probate, Shel	•	. County	
Judge of Probate, Shel Clerk			
Shelby County, AL 06/10/2025 02:27:51 P	M		
\$39.00 KELSEY	, , , , , , , , , , , , , , , , , , ,	Λ	
20250610000178420		alling S. Buyl	
	•		
15. This FINANCING STATEMENT AMENDMENT:	17. Description	on of real estate:	•
	s a fixture filing		
16. Name and address of a RECORD OWNER of real estate described in item 17 (if Debtor does not have a record interest):			
	;		
18. MISCELLANEOUS:		·	

FILING OFFICE COPY — UCC FINANCING STATEMENT AMENDMENT ADDENDUM (Form UCC3Ad) (Rev. 07/01/23)