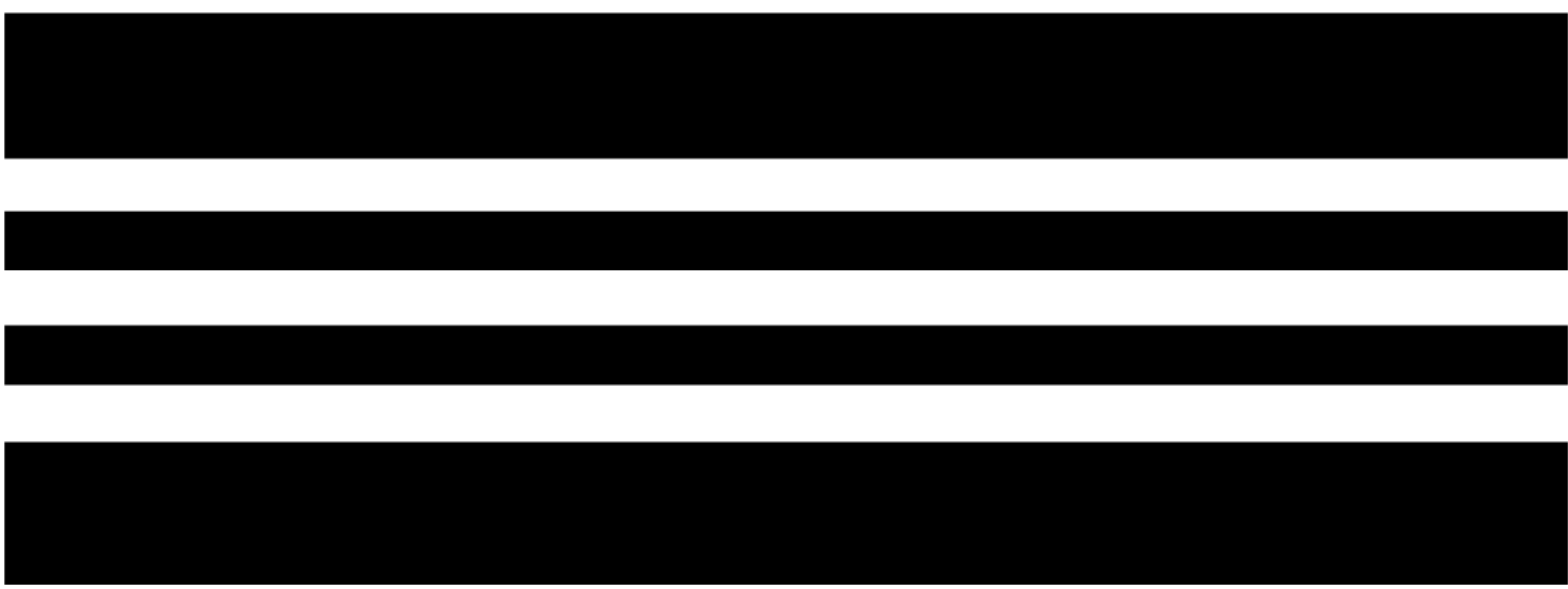




UCC FINANCING STATEMENT AMENDMENT
FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT SUBMITTER (optional)																					
B. E-MAIL CONTACT AT SUBMITTER (optional) katie.vanhook@groundfloor.us																					
C. SEND ACKNOWLEDGMENT TO: (Name and Address) GROUND FLOOR FINANCE INC. 1201 PEACHTREE ST NE, SUITE 1140-400 ATLANTA, GA 30361 SEE BELOW FOR SECURED PARTY CONTACT INFORMATION																					
1a. INITIAL FINANCING STATEMENT FILE NUMBER 20240927000302620 9/27/2024			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 above is terminated with respect to the security interest(s) of Secured Part(y)(ies) authorizing this Termination Statement																					
3. ☐ ASSIGNMENT: Provide name of Assignee in item 7a or 7b, <u>and</u> address of Assignee in item 7c <u>and</u> name of Assignor in item 9 For partial assignment, complete items 7 and 9; check ASSIGN Collateral box in Item 8 and describe the affected collateral in item 8																					
4. ☐ 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																					
5. PARTY INFORMATION CHANGE: Check <u>one</u> of these two boxes: ☐ Debtor <u>or</u> ☐ Secured Party of record <u>AND</u> Check <u>one</u> of these three boxes to: ☐ CHANGE name and/or address: Complete item 6a or 6b; <u>and</u> item 7a or 7b <u>and</u> item 7c ☐ ADD name: Complete item 7a or 7b, <u>and</u> item 7c ☐ DELETE name: Give record name to be deleted in item 6a or 6b																					
6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only <u>one</u> name (6a or 6b)																					
<table><tr><td rowspan="2">OR</td><td colspan="4">6a. ORGANIZATION'S NAME Bix Homes LLC</td></tr><tr><td>6b. INDIVIDUAL'S SURNAME</td><td>FIRST PERSONAL NAME</td><td>ADDITIONAL NAME(S)/INITIAL(S)</td><td>SUFFIX</td></tr></table>					OR	6a. ORGANIZATION'S NAME Bix Homes LLC				6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX								
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	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 <u>one</u> name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)																					
<table><tr><td rowspan="4">OR</td><td colspan="4">7a. ORGANIZATION'S NAME</td></tr><tr><td colspan="4">7b. INDIVIDUAL'S SURNAME</td></tr><tr><td colspan="4">INDIVIDUAL'S FIRST PERSONAL NAME</td></tr><tr><td colspan="3">INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)</td><td>SUFFIX</td></tr></table>					OR	7a. ORGANIZATION'S NAME				7b. INDIVIDUAL'S SURNAME				INDIVIDUAL'S FIRST PERSONAL NAME				INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)			SUFFIX
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	INDIVIDUAL'S FIRST PERSONAL NAME																				
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)			SUFFIX																	
7c. MAILING ADDRESS																					
8. COLLATERAL CHANGE: <u>Check only one</u> box: Indicate collateral: ☐ ADD collateral ☐ DELETE collateral ☐ RESTATE covered collateral ☐ ASSIGN* collateral *Check ASSIGN COLLATERAL only if the assignee's power to amend the record is limited to certain collateral and describe the collateral in Section 8																					
Filed and Recorded Official Public Records Judge of Probate, Shelby County Alabama, County Clerk Shelby County, AL 06/16/2025 01:14:44 PM \$00 JOANN 20250616000183810 Allen S. Bayl																					
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only <u>one</u> 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																					
<table><tr><td rowspan="2">OR</td><td colspan="4">9a. ORGANIZATION'S NAME GROUND FLOOR CREDIT 1, LLC</td></tr><tr><td>9b. INDIVIDUAL'S SURNAME</td><td>FIRST PERSONAL NAME</td><td>ADDITIONAL NAME(S)/INITIAL(S)</td><td>SUFFIX</td></tr></table>					OR	9a. ORGANIZATION'S NAME GROUND FLOOR CREDIT 1, LLC				9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX								
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	9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX																	
10. OPTIONAL FILER REFERENCE DATA: 20162 - 2nd Lien - 1171 Eagle Park Rd																					