20250729000230380 07/29/2025 01:39:56 PM UCC3 1/1

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)					
3190 54967 CSC 801 Adlai Stevenson Drive Springfield, IL 62703	Filed In: Alabama (Shelby)				
SEE BELOW FOR SECURED PARTY CONTACT INFORMATION					
1a. INITIAL FINANCING STATEMENT FILE NUMBER 20240123000017770 01/23/2024					



Filed and Recorded Official Public Records Judge of Probate, Shelby County Alabama, County Clerk Shelby County, AL 07/29/2025 01:39:56 PM **\$39.00 BRITTANI** 20250729000230380

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

a. INITIAL FINANCING STATEMENT FILE NUMBER	1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record]
20240123000017770 01/23/2024	(or recorded) in the REAL ESTATE RECORDS. Filer: <u>attach</u> Amendment Addendu
2024012300001777001723/2024	(Form UCC3Ad) <u>and</u> provide Debtor's name in item 13.

1a. INITIAL FINANCING STATEMENT FILE NUMBER 20240123000017770 01/23/2024		1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13.			
2. TERMINATION: Effectiveness of the Financing Statement identified	d above is terminated with	respect to the security interest(s	s) of Secured Part(y)	(ies) authorizing this Termina	tion Statement
3. ASSIGNMENT: Provide name of Assignee in item 7a or 7b, and a For partial assignment, complete items 7 and 9; check ASSIGN Collaboration.	ddress of Assignee in item ateral box in Item 8 and de	7c <u>and</u> name of Assignor in item scribe the affected collateral in ite	n 9 em 8		
4. CONTINUATION: Effectiveness of the Financing Statement ident additional period provided by applicable law	ified above with respect to	the security interest(s) of Secure	ed Party authorizing	this Continuation Statement i	s continued for the
5. PARTY INFORMATION CHANGE:					
Check <u>one</u> of these two boxes:	D Check <u>one</u> of these thre		DD name: Comple	te item DELETE name:	Give record name
This Change affects Debtor or Secured Party of record		tem 7a or 7b <u>and</u> item 7c7	a or 7b, <u>and</u> item 7d	to be deleted in i	
6. CURRENT RECORD INFORMATION: Complete for Party Information	ation Change - provide onl	y <u>one</u> name (6a or 6b)			
6a. ORGANIZATION'S NAME Grant's Mill, LLC					
OR 6b. INDIVIDUAL'S SURNAME	FIRST PER	FIRST PERSONAL NAME		IAL NAME(S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or P 7a. ORGANIZATION'S NAME	arty Information Change - provide	e only <u>one</u> name (7a or 7b) (use exact, fu	ll name; do not omit, mod	dify, or abbreviate any part of the De	otor's name)
7b. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
7c. MAILING ADDRESS	CITY	CITY		STATE POSTAL CODE	
8. ✓ COLLATERAL CHANGE: Check only one box:	ADD collateral	DELETE collateral	RESTATE co	vered collateral	ASSIGN* collateral
Indicate collateral: TO RELEASE THE FOLLOWING LOTS ONLY: LOTS 98 and 107, ACCORDING TO THE FINAL FOR PHASE 3, AS RECORDED IN MAP BOOK 60, PAALABAMA.	PLAT OF HUNTLE		TION,		ollateral in Section 8
	3 THIS AMENDMENT: I provide name of authorizi	•	o) (name of Assigno	r, if this is an Assignment)	
9a. ORGANIZATION'S NAME ServisFirst Bank					
OR 9b. INDIVIDUAL'S SURNAME	FIRST PER	SONAL NAME	ADDITION	IAL NAME(S)/INITIAL(S)	SUFFIX

10. OPTIONAL FILER REFERENCE DATA: BillingRef2 - 55360

3190 54967