

Filed and Recorded Official Public Records Judge of Probate, Shelby County Alabama, County Clerk **Shelby County, AL** 08/22/2025 03:01:38 PM

|   | SOARAN  | \$.00 JOA  |   |   | 0.                      |
|---|---|--|---|---|-------------------------|
|   |   | 202508220  | 000259180                                 |   | ulli                    |
|   |   |  |   |   |                         |
| JCC FINANCING STATEMENT AM  | ENDMENT   |  |   |   |                         |
| OLLOW INSTRUCTIONS  A. NAME & PHONE OF CONTACT AT FILER (optional)  |   |  |   |   |                         |
| Clayton T. Sweeney, Attorney  |   |  |   |   |                         |
| B. E-MAIL CONTACT AT FILER (optional)   |   |  |   |   |                         |
| sweeney@claysweeney.com   |   |  |   |   |                         |
| C. SEND ACKNOWLEDGMENT TO: (Name and Addre  | ess)<br>  |  |   |   |                         |
| Daniel Lawler, Vice President   |   |  |   |   |                         |
| ServisFirst Bank<br>2500 Woodcrest Place  |   |  |   |   |                         |
| Birmingham, AL 35209  |   |  |   |   |                         |
|   |   |  |   |   |                         |
| a. INITIAL FINANCING STATEMENT FILE NUMBER  | · · · · · · · · · · · · · · · · · · ·                 |  |   | OR FILING OFFICE USE C  |                         |
| 20221221000457390   |   | 1b. This FINANCING ST<br>(or recorded) in the        | KEAL ESTATE                               | RECORDS   |                         |
| TERMINATION: Effectiveness of the Financing States  | ment identified above is terminated                   |  |   | orn UCC3Ad) <u>and provide Debtor</u><br>cured Party authorizing this |                         |
| Statement   |   |  |   |   |                         |
| . ASSIGNMENT (full or partial): Provide name of Assignment, complete items 7 and 9 and also   |   |  | ame of Assigno                            | r in item 9   |                         |
| . CONTINUATION: Effectiveness of the Financing State  |   | ct to the security interest(s) o                     | f Secured Party                           | authorizing this Continuatio  | n Statement is          |
| PARTY INFORMATION CHANGE:   | NO IAW  | ····   |   |   |                         |
| Check one of these two boxes:   | AND Check one of these three                          | boxes to:  |   |   |                         |
| This Change affects Debtor or Secured Party of record   | d CHANGE name and/o<br>item 6a or 6b; <u>and</u> item |  | D name: Compl<br>or 7b, <u>and</u> item 7 |   |                         |
| 6. CURRENT RECORD INFORMATION: Complete for Paid 6a. ORGANIZATION'S NAME  | rty Information Change - provide onl                  | ly <u>one</u> name (6a or 6b)                        |   | · · · · · · · · · · · · · · · · · · ·                                 |                         |
| LME Properties, LLC   |   |  |   |   |                         |
| 6b. INDIVIDUAL'S SURNAME  | FIRST PERSO   | ONAL NAME  | ADDITIO                                   | NAL NAME(S)/INITIAL(S)  | SUFFIX                  |
|   |   |  |   |   |                         |
| . CHANGED OR ADDED INFORMATION: Complete for Assi   | ignment or Party Information Change - provid          | le only <u>one</u> name (7a or 7b) (use exact,       | full name; do not o                       | mit, modify, or abbreviate any part of                                | the Debtor's name)      |
| 7a. ORGANIZATION'S NAME   |   |  |   |   |                         |
| 7b. INDIVIDUAL'S SURNAME  |   |  |   | •   | <del></del>             |
|   |   |  |   |   |                         |
| INDIVIDUAL'S FIRST PERSONAL NAME  | ······································                |  | _   |   |                         |
|   |   |  |   |   |                         |
| INDIVIDUALIS ADDITIONAL MANERONIALION   | · · · · · · · · · · · · · · · · · · ·                 |  |   |   |                         |
| INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  | ·   | ——————————————————————————————————————               |   | ·   | SUFFIX                  |
|   | CITY  |  | STATE                                     | POSTAL CODE   | SUFFIX                  |
|   | CITY  |  | STATE                                     | POSTAL CODE   |                         |
| c. MAILING ADDRESS  | · · · · · · · · · · · · · · · · · · ·                 | DELETE collateral                                    |   |   | COUNTRY                 |
|   | · · · · · · · · · · · · · · · · · · ·                 | DELETE collateral                                    |   |   | COUNTRY                 |
| c. MAILING ADDRESS . COLLATERAL CHANGE: Also check one of these fou   | · · · · · · · · · · · · · · · · · · ·                 | DELETE collateral                                    |   |   | COUNTRY                 |
| c. MAILING ADDRESS  . COLLATERAL CHANGE: Also check one of these fou  | · · · · · · · · · · · · · · · · · · ·                 | DELETE collateral                                    |   |   | COUNTRY                 |
| c. MAILING ADDRESS . COLLATERAL CHANGE: Also check one of these fou   | · · · · · · · · · · · · · · · · · · ·                 | DELETE collateral                                    |   |   | COUNTRY                 |
| c. MAILING ADDRESS . COLLATERAL CHANGE: Also check one of these fou   | · · · · · · · · · · · · · · · · · · ·                 | DELETE collateral                                    |   |   | COUNTRY                 |
| c. MAILING ADDRESS . COLLATERAL CHANGE: Also check one of these fou   | · · · · · · · · · · · · · · · · · · ·                 | DELETE collateral                                    |   |   | COUNTRY                 |
| c. MAILING ADDRESS  . COLLATERAL CHANGE: Aiso check one of these fou Indicate collateral:   | ur boxes: ADD collateral                              |  | RESTATE                                   | covered collateral A  | COUNTRY SSIGN collaters |
| c. MAILING ADDRESS  . COLLATERAL CHANGE: Also check one of these four Indicate collateral:  . NAME OF SECURED PARTY OF RECORD AUTHOR of this is an Amendment authorized by a DESTOR, check here                         | ORIZING THIS AMENDMENT:                               | Provide only <u>one</u> name (9a or 9                | RESTATE                                   | covered collateral A  | COUNTRY SSIGN collaters |
| c. MAILING ADDRESS  . COLLATERAL CHANGE: Also check one of these four indicate collateral:  . NAME of SECURED PARTY of RECORD AUTHOr if this is an Amendment authorized by a DEBTOR, check here ga. ORGANIZATION'S NAME | ORIZING THIS AMENDMENT:                               | Provide only <u>one</u> name (9a or 9                | RESTATE                                   | covered collateral A  | COUNTRY SSIGN collatera |
| c. MAILING ADDRESS  COLLATERAL CHANGE: Also check one of these four Indicate collateral:  NAME OF SECURED PARTY OF RECORD AUTHOR If this is an Amendment authorized by a DEBTOR, check here                             | ORIZING THIS AMENDMENT:                               | Provide only <u>one</u> name (9a or 9<br>zing Debtor | RESTATE (                                 | covered collateral A  | COUNTRY SSIGN collatera |

International Association of Commercial Administrators (IACA)
FILING OFFICE COPY — UCC FINANCING STATEMENT AMENDMENT (Form UCC3) (Rev. 04/20/11)