



20250916000281310  
09/16/2025 10:27:57 AM  
UCCCONT 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)  
SPRFilina@cscglobal.com

C. SEND ACKNOWLEDGMENT TO: (Name and Address)  
3224 57200  
CSC  
801 Adlai Stevenson Drive  
Springfield, IL 62703

SEE BELOW FOR SECURED PARTY CONTACT INFORMATION



Filed and Recorded  
Official Public Records  
Judge of Probate, Shelby County Alabama, County  
Clerk  
Shelby County, AL  
09/16/2025 10:27:57 AM  
\$39.00 PAYGE  
20250916000281310

Allen S. Bayl

Filed In: Alabama  
(Shelby)

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE NUMBER  
20110301000068750 03/01/2011

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 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, and address of Assignee in item 7c and 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 one of these two boxes: ☐ Debtor or ☐ Secured Party of record  
AND Check one of these three boxes to:  
☐ CHANGE name and/or address: Complete item 6a or 6b; and item 7a or 7b and item 7c  
☐ ADD name: Complete item 7a or 7b, and 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 one name (6a or 6b)

6a. ORGANIZATION'S NAME  
GLIDEWELL SPECIALTIES FOUNDRY COMPANY

OR

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

OR

7b. INDIVIDUAL'S SURNAME  
INDIVIDUAL'S FIRST PERSONAL NAME  
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  
SUFFIX

7c. MAILING ADDRESS  
CITY  
STATE  
POSTAL CODE  
COUNTRY  
USA

8. COLLATERAL CHANGE: Check only one box:  
☐ ADD collateral  
☐ DELETE collateral  
☐ RESTATE covered collateral  
☐ ASSIGN\* collateral  
Indicate 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

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  
IBERIABANK

OR

9b. INDIVIDUAL'S SURNAME  
FIRST PERSONAL NAME  
ADDITIONAL NAME(S)/INITIAL(S)  
SUFFIX

10. OPTIONAL FILER REFERENCE DATA: 3990026957 - 3990026957 KM

3224 57200