

UCC FINANCING STATEMENT AMEI FOLLOW INSTRUCTIONS	NDMENT					
A. NAME & PHONE OF CONTACT AT FILER (optional) Name: Wolters Kluwer Lien Solutions Phone: 800-33	31-3282 Fax: 818-662-4141					
B. E-MAIL CONTACT AT FILER (optional) uccfilingreturn@wolterskluwer.com						
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	21371 - BANK OF					
Lien Solutions P.O. Box 29071	106315376					
Glendale, CA 91209-9071	ALAL FIXTURE i					
File with: Shelby, AL		THE ABOVE SPA	CE IS FO	OR FILING OFFICE	E USE OI	NLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER 20170901000320530 9/1/2017 CC AL Shelby		1b. This FINANCING STATEN (or recorded) in the REAL Filer: <u>attach</u> Amendment Add	MENT AM . ESTATE endum (For	ENDMENT is to be file RECORDS m UCC3Ad) <u>and</u> provide	ed [for reco	ord] me in item 13
2. X TERMINATION: Effectiveness of the Financing Statement Statement	identified above is terminated with	respect to the security interest(s)	of Secure	ed Party authorizing th	is Termina	ation
3. ASSIGNMENT (full or partial): Provide name of Assignee in For partial assignment, complete items 7 and 9 and also in			ssignor in	item 9		
4. CONTINUATION: Effectiveness of the Financing Statement continued for the additional period provided by applicable is		ne security interest(s) of Secured	Party autl	norizing this Continuat	ion Staten	nent is
5. PARTY INFORMATION CHANGE:						
Check one of these two boxes:	AND Check one of these three boxe		e: Comple	te item DELETE n	ame: Give	record name
This Change affects Debtor or Secured Party of record		ddress: Complete ADD nam a or 7b <u>and</u> item 7c 7a or 7b,	and item 7	c to be delet	ed in item 6	3a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Infor 6a. ORGANIZATION'S NAME	mation Change - provide only <u>one</u>	name (6a or 6b)				
Southlake Dental Property LLC						
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSONA	LNAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SI	UFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment of	r Party Information Change - provide only o	ne name (7a or 7b) (use exact, full name;	do not omit,	modify, or abbreviate any pa	rt of the Debto	or's name)
7a. ORGANIZATION'S NAME						
OR 7b. INDIVIDUAL'S SURNAME						
7B. IINDIVIDOALO GORINAIVIL						
INDIVIDUAL'S FIRST PERSONAL NAME						
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SI	UFFIX
7c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	C	OUNTRY
8. COLLATERAL CHANGE: Also check one of these four	r hoves: ADD collateral	DELETE collateral	FSTATE	covered collateral		GN collateral
Indicate collateral:	boxes. LIADD collateral	DELETE Collateral R	ESTATE	covered collateral	L ASSI	JN Collateral
9. NAME OF SECURED PARTY OF RECORD AUTHORI	ZING THIS AMENDMENT: Pro	vide only one name (9a or 9b) (na	ame of Ass	signor if this is an Assi	anment)	
If this is an Amendment authorized by a DEBTOR, check here	and provide name of authorizin			J. J	9	
9a. ORGANIZATION'S NAME Bank of America, N.A.						
OR 9b. INDIVIDUAL'S SURNAME	FIRST PERSONA	L NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SI	UFFIX
10. OPTIONAL FILER REFERENCE DATA: Debtor Name: S	Southlake Dental Property LL	.C				

Prepared by Lien Solutions, P.O. Box 29071, Glendale, CA 91209-9071 Tel (800) 331-3282

IITIAL FINANCING STATEMENT FILE NUMBER: Same as 70901000320530 9/1/2017 CC AL Shelby				
IAME OF PARTY AUTHORIZING THIS AMENDMENT: Sar				
12a. ORGANIZATION'S NAME Bank of America, N.A.				
12b. INDIVIDUAL'S SURNAME				
12D. HADIAIDONE O CONTRACTOR				
FIRST PERSONAL NAME				
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX			
			SPACE IS FOR FILING OFFICE US	
lame of DEBTOR on related financing statement (Name of some Debtor name (13a or 13b) (use exact, full name; do not			-	13): Provid
13a. ORGANIZATION'S NAME Southlake Dental Property I I C				
Southlake Dental Property LLC 13b. INDIVIDUAL'S SURNAME				LOUEEIX
100. INDIVIDUALO OURNAME		ME	ADDITIONAL NAME(S)/INITIAL(S)	• ~IIEEIX
or Name and Address: hlake Dental Property LLC - 5751 POCAHONTA ired Party Name and Address:			ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
DDITIONAL SPACE FOR ITEM 8 (Collateral): or Name and Address: hlake Dental Property LLC - 5751 POCAHONTA ured Party Name and Address: of America, N.A 70 Batterson Park Rd, Farm	AS ROAD, SUITE A , BESSEME		ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

18. MISCELLANEOUS: 106315376-AL-117 21371 - BANK OF AMERICA CA O

Bank of America, N.A.

File with: Shelby, AL

Poor Quality

Exhibit A

Unit 1, In Southlake Medical Building Condominium, as established by that certain Declaration of Condominium of Southlake Medical Building Condominium, which is recorded in Inst. \$20110715000206040, in the Probate Office of Shelby County, Alabama, and any amendments thereto, to which Declaration of Condominium a Plan is attached as Exhibit "C" thereto, and as recorded in the Condominium Plat of Southlake Medical Building Condominium, in Map Book 42, Page 88, and any future amendments thereto, and to which said Declaration of Condominium the By-laws of Southlake Medical Building Condominium Association, an unincorporated nonprofit association, are attached as Exhibit "B" thereto, together with an untilvided interest in the Common Elements assigned to said Unit, by said Declaration of Condominium set out in Exhibit "D".

TOGETHER with rights, title and interest in that Access Easement Agreement recorded in Shelby Real 170, Page 303, modified in Inst. # 1997-40255, in the Probate Office of Shelby County, Alabama.



Filed and Recorded
Official Public Records
Judge of Probate, Shelby County Alabama, County
Clerk
Shelby County, AL
10/24/2025 09:13:27 AM
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