20251126000363230 11/26/2025 08:51:20 AM UCCCONT 1/2

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)				
3304 58628				
CSC 901 Adlai Stayonaan Driya				
801 Adlai Stevenson Drive Springfield, IL 62703	Filed In: Alabama			
	(Shelby)			
SEE BELOW FOR SECURED PARTY CONTACT II	NFORMATION	THE ABOVE SPA	CE IS FOR FILING OFFICE US	E ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER		1b. This FINANCING STATEME	ENT AMENDMENT is to be filed [for restricted in the control of the	ecord]
20160322000091730 3/22/2016			e Debtor's name in item 13.	Hament Addendam
2. TERMINATION: Effectiveness of the Financing Statement identified	ed above is terminated with resp	pect to the security interest(s) of Sec	cured Part(y)(ies) authorizing this Terr	nination 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				
4. CONTINUATION: Effectiveness of the Financing Statement ident			authorizing this Continuation Stateme	ent is continued for the
additional period provided by applicable law				
5. PARTY INFORMATION CHANGE:	D Charles and of the the	voo to:		
Check one of these two boxes.	<u>D</u> Check <u>one</u> of these three bo CHANGE name and/or a		ne: Complete item — DELETE nar	ne: Give record name
This Change affects Debtor or Secured Party of record	CHANGE name and/or a item 6a or 6b; <u>and</u> item		ne: Complete item DELETE nar and item 7c to be deleted	in item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Information ORGANIZATION'S NAME 1 11 - 1 - 1 - 1 - 1	ation Change - provide only <u>one</u>	e name (6a or 6b)		
6a. ORGANIZATION'S NAME High Pine LLC				
OR OL INDUMENTALIS OF IDMANA	TEIDOT DEDOOL		TARRITONIAL NIABATION/INUTIAL (C)	OUEEDA
6b. INDIVIDUAL'S SURNAME	FIRST PERSON	IAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or P 7a. ORGANIZATION'S NAME	arty Information Change - provide only	one name (7a or 7b) (use exact, full name; o	lo not omit, modify, or abbreviate any part of th	e Debtor's name)
7a. ORGANIZATION 3 NAIVIE				
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 F	RESTATE covered collateral	ASSIGN* collateral
Indicate collateral:			ord is limited to certain collateral and describe	
indicate collateral.	GHECK AGGIGIN GOLLAI LIVAL (only in the assignee's power to amend the rec	ord is illilited to certain collateral and describe	ine conateral in Section 6
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING			e of Assignor, if this is an Assignment)
If this is an Amendment authorized by a DEBTOR, check here and		eptor		
9a. ORGANIZATION'S NAME Metropolitan Life Insura	nce Company			
OB		IAI NIANAT	ADDITIONAL MANACIOMATIALION	CHEEN
9b. INDIVIDUAL'S SURNAME	FIRST PERSON	IAL IVAIVIE	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
	-		•	-
10. OPTIONAL FILER REFERENCE DATA: Debtor:High Pi				

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FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 3. Name of DEBTOR on related financing statement (Name of a current Debtor of record required for indexing purposes only in some filing offices - see Instruction item 13): Provide only one Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); see Instructions if name does not fit 13a. ORGANIZATION'S NAME High Pine LLC					
Metropolitan Life Insurance Company Table Notice Insurance Company The Above Space is FOR Filing OFFIce Use ONLY ADDITIONAL Notice (Insurance Company) The Above Space is FOR Filing OFFIce Use ONLY The Above Space is FOR Filing OFFIce Use ONLY The Above Space is FOR Filing OFFIce Use ONLY The Above Space is FOR Filing OFFIce Use ONLY The Above Space is FOR Filing OFFIce Use ONLY The Above Space is FOR Filing OFFIce Use ONLY The Above Space is FOR Filing OFFIce Use ONLY The Above Space is FOR Filing OFFIce Use ONLY The Above Space is FOR Filing OFFIce Use ONLY The Above Space is FOR Filing OFFIce Use ONLY The Above Space is FOR Filing OFFIce Use ONLY The Above Space is FOR Filing OFFIce Use ONLY The Above Space is FOR Filing OFFIce Use ONLY The Above Space is FOR Filing OFFIce Use ONLY The Above Space is FOR Filing OFFIce Use ONLY The Above Space is FOR Filing OFFIce Use ONLY The Above Space is FOR Filing OFFIce Use ONLY The Above Space is For Filing OFFIce Use ONLY The Above Space is For Filing OFFIce Use ONLY The Above Space is For Filing OFFIce Use ONLY The Above Space is For Filing OFFIce Use ONLY The Above Space is For Filing OFFIce Use ONLY The Above Space is For Filing OFFIce Use ONLY The Above Space is For Filing OFFIce Use ONLY The Above Space is For Filing OFFIce Use ONLY The Above Space is For Filing OFFIce Use ONLY The Above Space is For Filing OFFIce Use ONLY The Above Space is For Filing OFFIce Use ONLY The Above Space is For Filing OFFIce Use ONLY The Above Space is For Filing Office Use Only The Above Space is For Filing Office Only The Above Space is For Filing Office Use Only The Above Space is For Filing Office Use Only The Above Space is For Filing Office Use Only The Above Space is For Filing Office Use Only The Above Space is For Filing Office Use Only The Above Space is For Filing Office Use Only The Above Space Is For Filing Office Use Only The Above Space Is For Filing Office Use Only The Above Space Is For Filing Office Use Only The Above Space			mendment form		
Metropolitan Life Insurance Company R 22. NOVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL VAVE(S)WITHAL'S) Sure of DESTOR on rolated limin-ring statement twane of a correct beford record required to indeed a purpose other in some tilling offices - see Instruction for 132; Provide only one Debtor have C 36 or 130) see wast, that many do a hourse, modify, or abbreviate any part of the Debtor's name), see Instructions finance does no. fit. 15a. CRISANZATION'S NAME FIRST PERSONAL NAME			n Amendment form		
The ABOVE SPACE IS FOR FILING OFFICE USE ONLY ADDITIONAL NAME: SWINITIALIS THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY ADDITIONAL NAME: SWINITIALIS SUPHIX THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE					
The PRANCING STATEMENT AMENDMENT Provide or	Metropolitan Life Insura	ance Company			
ADDITIONAL NAMES/SINITIALIS) 3. Name of DETOR on related financing statement (Name of a current Debar of record required for indicing purposes only in some fifty, offices - see Instruction from 13): Provide only gas before harrie (10 or 10.5) (see each, 10) name, do not only, not ableviate any part of the Debbr's name); see Instructions if name does not it. 13a. ORGANIZATION STATEMENT AMENOMENT 13b. INDIVIDUAL'S SURVANUE FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIALIS)	OR 12b. INDIVIDUAL'S SURNAME				
THE ABOVE SPACE IS FOR FILLING OFFICE USE ONLY 3. Name of DEBTOR on related financing statement (Name of a current Debtor of record required for indexing purposes only in some filtreg offices - see Instruction from 13). Provide only cape Debtor name (13s or 13b) (use exact, full name, so not ont, mod by, or abbreviate any part of the Debtor's name); see Instructions finance oces not fit. 13s. NORWIZERTON'S NAME THE ABOVE SPACE IS FOR FILLING OFFICE USE ONLY Take OFFICE U	FIRST PERSONAL NAME				
Name of DEBTOR on related financing statement (Name of a current Debtor of record required for indexing purposes only in some filing offices - see instruction from 139; Provide only as Debtor name (13 or 130) uses each full name, do not ont, modify, or abbreviate any part of the Debtor's name); see Instructions frame does not fit. 13a, ORGANIZATIONS NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX		
age Description of the Debtor hame (13s or 13s) (use exect, full name; do not only, or abbreviate any part of the Debtor's name); see Instructions if name coes not fit 13st, DISCANIZATION 5 NAME					
5. This FINANCING STATEMENT AMENDMENT: Occupate timber to be cut Occupated estated described in fem 17		-			Provide only
5. This FINANCING STATEMENT AMENDMENT: ADDITIONAL SPACE FOR (CHECK ONE BOX):					
5. This FINANCING STATEMENT AMENDMENT:	13b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
5. This FINANCING STATEMENT AMENDMENT:					
Covers timber to be cut covers as-extracted collateral is filed as a fixture filing 3. Name and address of a RECORD OWNER of real estate described in item 17 (if Debtor does not have a record interest): Filed and Recorded Official Public Records Judge of Probate, Shelby County Alabama, County Clerk Shelby County, AL 11/26/2025 08:51:20 AM \$39.00 BRITTANI					
Official Public Records Judge of Probate, Shelby County Alabama, County Clerk Shelby County, AL 11/26/2025 08:51:20 AM \$39.00 BRITTANI	5. This FINANCING STATEMENT AMEND	MENT:	17 Description of	real estate.	
	covers timber to be cut 6. Name and address of a RECORD OWN	vers as-extracted collateral is filed a		real estate:	
	6. Name and address of a RECORD OWN (if Debtor does not have a record interes	vers as-extracted collateral IER of real estate described in item 17 st): Filed and Recorded Official Public Records Judge of Probate, Shelb Clerk Shelby County, AL 11/26/2025 08:51:20 AM \$39.00 BRITTANI	as a fixture filing y County Alabama, Cou	nty	

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