

## UCC FINANCING STATEMENT AMENDMENT

FOL	LLOW 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)				
	3315 92023				
	CSC 801 Adlai Stevenson Drive	Tilad In. Alabama			
Ι,	Springfield, IL 62703	Filed In: Alabama (Shelby) I			
		(00.2)			
	SEE BELOW FOR SECURED PARTY CONTACT	INFORMATION	THE ABOVE SPACE	E IS FOR FILING OFFICE	USE ONLY
1a.	INITIAL FINANCING STATEMENT FILE NUMBER		1b. This FINANCING STATEMENT (or recorded) in the REAL ES	NT AMENDMENT is to be filed [fo	or record]
20	0251008000310670 10/08/2025		(Form UCC3Ad) and provide		mendment Addendum
2.	TERMINATION: Effectiveness of the Financing Statement ident	ified above is terminated with resp	pect to the security interest(s) of Secu	red Part(y)(ies) authorizing this T	ermination Statement
3.	ASSIGNMENT: Provide name of Assignee in item 7a or 7b, and				
	For partial assignment, complete items 7 and 9; check ASSIGN Co	oliateral box in item 8 and describ	e the affected collateral in item 8		
4. [	CONTINUATION: Effectiveness of the Financing Statement ide additional period provided by applicable law	entified above with respect to the	security interest(s) of Secured Party a	uthorizing this Continuation State	ement is continued for the
5.	PARTY INFORMATION CHANGE:				
C	Check <u>one</u> of these two boxes:	ND Check one of these three bo			
Т	This Change affects Debtor or Secured Party of record	CHANGE name and/or a item 6a or 6b; <u>and</u> item	address: Complete ADD name 7a or 7b <u>and</u> item 7c7a or 7b, <u>a</u>	e: Complete item DELETE r and item 7c to be dele	name: Give record name ted in item 6a or 6b
6. (	CURRENT RECORD INFORMATION: Complete for Party Infor	rmation Change - provide only <u>on</u>	e name (6a or 6b)		
	6a. ORGANIZATION'S NAME				
OR					
•••	6b. INDIVIDUAL'S SURNAME	FIRST PERSON	IAI NAME I	ADDITIONAL NAME(S)/INITIAL	(S)   SUFFIX
	LINDSAY	MICHAEL		E	
7. (	LINDSAY CHANGED OR ADDED INFORMATION: Complete for Assignment of			not omit, modify, or abbreviate any part o	of the Debtor's name)
7. (	LINDSAY			not omit, modify, or abbreviate any part o	of the Debtor's name)
7. ( OR	LINDSAY CHANGED OR ADDED INFORMATION: Complete for Assignment of Ta. ORGANIZATION'S NAME			not omit, modify, or abbreviate any part o	of the Debtor's name)
	LINDSAY CHANGED OR ADDED INFORMATION: Complete for Assignment of Ta. ORGANIZATION'S NAME			not omit, modify, or abbreviate any part o	of the Debtor's name)
	LINDSAY CHANGED OR ADDED INFORMATION: Complete for Assignment of Ta. ORGANIZATION'S NAME			not omit, modify, or abbreviate any part o	of the Debtor's name)
	CHANGED OR ADDED INFORMATION: Complete for Assignment of Ta. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME			not omit, modify, or abbreviate any part o	of the Debtor's name)
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OR	CHANGED OR ADDED INFORMATION: Complete for Assignment of Ta. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	or Party Information Change - provide only	one name (7a or 7b) (use exact, full name; do		SUFFIX
OR	CHANGED OR ADDED INFORMATION: Complete for Assignment of Ta. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME		one name (7a or 7b) (use exact, full name; do	not omit, modify, or abbreviate any part of the state of	
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OR 7c.	CHANGED OR ADDED INFORMATION: Complete for Assignment of Ta. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  MAILING ADDRESS	CITY  ADD collateral	one name (7a or 7b) (use exact, full name; do	STATE POSTAL CODE  STATE covered collateral	SUFFIX  COUNTRY  ASSIGN* collateral
7c.	LINDSAY CHANGED OR ADDED INFORMATION: Complete for Assignment of Ta. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  MAILING ADDRESS  ✓ COLLATERAL CHANGE: Check only one box:	CITY  ADD collateral  *Check ASSIGN COLLATERAL of	one name (7a or 7b) (use exact, full name; do  DELETE collateral Records)  Records the assignee's power to amend the records	STATE POSTAL CODE  STATE covered collateral d is limited to certain collateral and descr	SUFFIX  COUNTRY  ASSIGN* collateral in Section 8
7c.	LINDSAY  CHANGED OR ADDED INFORMATION: Complete for Assignment of Ta. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  MAILING ADDRESS  ✓ COLLATERAL CHANGE: Check only one box: Indicate collateral:	CITY  ADD collateral  *Check ASSIGN COLLATERAL of	one name (7a or 7b) (use exact, full name; do  DELETE collateral Records)  Records the assignee's power to amend the records	STATE POSTAL CODE  STATE covered collateral d is limited to certain collateral and descr	SUFFIX  COUNTRY  ASSIGN* collateral in Section 8
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7c. 8. I	CHANGED OR ADDED INFORMATION: Complete for Assignment of Ta. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  MAILING ADDRESS  ✓ COLLATERAL CHANGE: Check only one box: Indicate collateral: ISTALL WOODEN PRIVACY FENCE, OUTDOTALL, INSTALL ALUMINUM FENCE  OLLATERAL VALUE: \$190,800.00	CITY  ADD collateral  *Check ASSIGN COLLATERAL of OR LIGHTING, INSTA	one name (7a or 7b) (use exact, full name; do  DELETE collateral RE  Report of the assignee's power to amend the record CLL ZOYSIA SOD, CONS  Vide only one name (9a or 9b) (name	STATE POSTAL CODE  ESTATE covered collateral d is limited to certain collateral and descr	SUFFIX  COUNTRY  ASSIGN* collateral ibe the collateral in Section 8
7c. 8. I	CHANGED OR ADDED INFORMATION: Complete for Assignment of Ta. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  MAILING ADDRESS  ✓ COLLATERAL CHANGE: Check only one box: Indicate collateral:  ISTALL WOODEN PRIVACY FENCE, OUTDO TALL, INSTALL ALUMINUM FENCE  OLLATERAL VALUE: \$190,800.00	CITY  ADD collateral  *Check ASSIGN COLLATERAL of OR LIGHTING, INSTA	one name (7a or 7b) (use exact, full name; do  DELETE collateral RE  Report of the assignee's power to amend the record CLL ZOYSIA SOD, CONS  Vide only one name (9a or 9b) (name	STATE POSTAL CODE  ESTATE covered collateral d is limited to certain collateral and descr	SUFFIX  COUNTRY  ASSIGN* collateral ibe the collateral in Section 8
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7c.  8. IN W	LINDSAY  CHANGED OR ADDED INFORMATION: Complete for Assignment of Ta. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  MAILING ADDRESS  ✓ COLLATERAL CHANGE: Check only one box: Indicate collateral: ISTALL WOODEN PRIVACY FENCE, OUTDO FALL, INSTALL ALUMINUM FENCE  OLLATERAL VALUE: \$190,800.00  NAME OF SECURED PARTY OF RECORD AUTHORIZING IN this is an Amendment authorized by a DEBTOR, check here are 19a. ORGANIZATION'S NAME  [9a. ORGANIZATION'S NAME]  Lafayette Federal Cred	CITY  ADD collateral  *Check ASSIGN COLLATERAL of OR LIGHTING, INSTA	one name (7a or 7b) (use exact, full name; do  DELETE collateral RE only if the assignee's power to amend the recor ALL ZOYSIA SOD, CONS  vide only one name (9a or 9b) (name rebtor	STATE POSTAL CODE  ESTATE covered collateral d is limited to certain collateral and describing the control of Assignor, if this is an Assignment	SUFFIX  COUNTRY  ASSIGN* collateral ribe the collateral in Section 8
7c. 8. I	CHANGED OR ADDED INFORMATION: Complete for Assignment of Ta. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  MAILING ADDRESS  COLLATERAL CHANGE: Check only one box: Indicate collateral: ISTALL WOODEN PRIVACY FENCE, OUTDOWALL, INSTALL ALUMINUM FENCE  OLLATERAL VALUE: \$190,800.00  NAME OF SECURED PARTY OF RECORD AUTHORIZII of this is an Amendment authorized by a DEBTOR, check here are the properties of	CITY  ADD collateral  *Check ASSIGN COLLATERAL of OR LIGHTING, INSTA	one name (7a or 7b) (use exact, full name; do  DELETE collateral RE only if the assignee's power to amend the recor ALL ZOYSIA SOD, CONS  vide only one name (9a or 9b) (name rebtor	STATE POSTAL CODE  ESTATE covered collateral d is limited to certain collateral and descr	SUFFIX  COUNTRY  ASSIGN* collateral ribe the collateral in Section 8
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3315 92023

11. INITIAL FINANCING STATEMENT FILE NUMBER: Same 20251008000310670 10/08/2025	as item 1a on Amendment form		
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: S	ame as item 9 on Amendment form		
Lafayette Federal Credit Union			
12b. INDIVIDUAL'S SURNAME			
FIRST PERSONAL NAME			
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX		
	TI-	E ABOVE SPACE IS FOR FILING OFFICE	USE ONLY
13. Name of DEBTOR on related financing statement (Name o one Debtor name (13a or 13b) (use exact, full name; do not omit, r			Provide only
13a. ORGANIZATION'S NAME			
OR 13b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
LINDSAY	SHANNON	J	
15. This FINANCING STATEMENT AMENDMENT:  covers timber to be cut covers as-extracted collateral covers and address of a RECORD OWNER of real estate described (if Debtor does not have a record interest):	Subdivision N RESUB LTS Legal Descrip	estate: lame: STONEBRIDGE 2ND SE 202 THRU 210 otion: SUB: STONEBRIDGE 2N S 202 THRU 210 MB/MP: 4 8/0	D SI

18. MISCELLANEOUS:

## UCC FINANCING STATEMENT AMENDMENT ADDENDUM

11. INITIAL FINANCING STATEMENT FILE NUMBER					
20251008000310670 10/08/2025	: Same as item 1a on Ame	endment form			
12. NAME OF PARTY AUTHORIZING THIS AMENDMI					
12a. ORGANIZATION'S NAME					
Lafayette Federal Credit Union					
OR					
12b. INDIVIDUAL'S SURNAME					
FIRST PERSONAL NAME					
		T			
ADDITIONAL NAME(S)/INITIAL(S)		SUF	FIX	THE ABOVE SPACE IS FOR FILING OFFICE U	ISE ONLY
13. Name of DEBTOR on related financing statement	(Name of a current Debtor	of record required f	for indexing p		
one Debtor name (13a or 13b) (use exact, full name; do no					_
13a. ORGANIZATION'S NAME					
OR 13b. INDIVIDUAL'S SURNAME		FIRST PERSONA	AL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
LINDSAY		SHANNON		J	
14. ADDITIONAL SPACE FOR (CHECK ONE BOX):	ITEM 8 (Co	llateral) <b>OR</b>	ОТН	IER INFORMATION (Please Describe)	
THE REAL PROPERTY OF THE PARTY	Judge of Pr Clerk Shelby Cou	blic Records obate, Shelby nty, AL 09:35:52 AM	y County	y Alabama, County	
15. This FINANCING STATEMENT AMENDMENT:	2025121000	00377650		n of real estate: equence Number: 001	