



20251210000378020 1/2 \$39.00 Shelby Cnty Judge of Probate, AL 12/10/2025 11:48:16 AM FILED/CERT

UCC FINANCING STATEMENT AMENDM FOLLOWINSTRUCTIONS	IENT					
A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) Catherine Hillman			•			
B. E-MAIL CONTACT AT SUBMITTER (optional)						
chillman@peoplesbankal.com						
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	_					
¹ Peoples Bank of Alabama						
1912 Cherokee Ave SW						
Cullman, AL 35055						
SEE BELOW FOR SECURED PARTY CONTACT INFO				R FILING OFFICE USE		
1a. INITIAL FINANCING STATEMENT FILE NUMBER - TO THE STATE OF THE STAT		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 about	ove is terminated with re				ation Statement	
3. ASSIGNMENT: Provide name of Assignee in item 7a or 7b, and address For partial assignment, complete items 7 and 9; check ASSIGN Collateral	_		3			
4. CONTINUATION: Effectiveness of the Financing Statement identified a additional period provided by applicable law	above with respect to the	security interest(s) of Secured P	arty authorizing	this Continuation Statement	is continued for the	
5. PARTY INFORMATION CHANGE:					<u>.</u>	
Check one of these two boxes.	eck <u>one</u> of these three b CHANGE name and/o		name: Comple	te itemDELETE name:	Give record name	
This Change affects Debtor or Secured Party of record	_item 6a or 6b; <u>and</u> iten	n 7a or 7b <u>and</u> item 7c7a o	7b, <u>and</u> item 7	to be deleted in	item 6a or 6b	
6. CURRENT RECORD INFORMATION: Complete for Party Information 6a. ORGANIZATION'S NAME	Change - provide only <u>o</u>	ne name (ba or ob)	-			
HCI Pelham Cabin, LLC				-		
6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX	
		•				
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party In 7a. ORGANIZATION'S NAME	formation Change - provide or	ily <u>one</u> name (7a or 7b) (use exact, ful) na	me; do not omit, mo	dify, or abbreviate any part of the D	ebtor's name)	
, a. Ortoritalis triorito rottinis						
OR 7b. INDIVIDUAL'S SURNAME						
1						
INDIVIDUAL'S FIRST PERSONAL NAME		•				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX	
7c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY	
3075 Healthy Way	Vestav	ia Hills	AL_	35243	USA	
8. COLLATERAL CHANGE: Check only one box:	ADD collateral	DELETE collateral		<u> </u>	ASSIGN* collateral	
Indicate collateral:	'Check ASSIGN COLLATERAI	L only if the assignee's power to amend th	e record is limited to	certain collateral and describe the	collateral in Section 8	
`						
•						
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING TH			name of Assigno	or, if this is an Assignment)		
If this is an Amendment authorized by a DEBTOR, check here and proves on ORGANIZATION'S NAME	ide name of authorizing	Deptoi			-	
Peoples Bank of Alabama				• 	<u> </u>	
9b. INDIVIDUAL'S SURNAME	FIRST PERSO	NAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX	
40 OPTIONAL EU ED BEEEBENOE BATA:					<u>.</u>	
10. OPTIONAL FILER REFERENCE DATA:						

المحاربة	<u> </u>	



20251210000378020 2/2 \$39 00

			She	Iby Cnty Judge of	Probate, AL
UCC FINANCING STATEMENT AMEN	IDMENT		127	10/2025 11:48:16	HM FILED/CERI
FOLLOWINSTRUCTIONS					
A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) Catherine Hillman					
B. E-MAIL CONTACT AT SUBMITTER (optional)					
chillman@peoplesbankal.com					
C. SEND ACKNOWLEDGMENT TO: (Name and Address)					
Peoples Bank of Alabama					
1912 Cherokee Ave SW					
Cullman, AL 35055					
SEE BELOW FOR SECURED PARTY CONTACT	INFORMATION	THE ABO	VE SPACE IS FO	R FILING OFFICE USE	ONLY
1a. INITIAL FINANCING STATEMENT-FILE NUMBER	.,			OMENT is to be filed [for reco CORDS, Filer; <u>attach</u> Amend	ord] iment Addendum
F#20210504000221640 2. TERMINATION: Effectiveness of the Financing Statement ident	rified shove is terminated with res		nd provide Debtor's (s) of Secured Part(v		ation Statement
2. TERMINATION, Effectiveness of the Financing Statement Identi	uned above is terminated with res	pect to the security interest	(a) or occured randy)(ics) additionaling and icimin	
3. ASSIGNMENT: Provide name of Assignee in item 7a or 7b, an For partial assignment, complete items 7 and 9; check ASSIGN C	d address of Assignee in item 7c	and name of Assignor in ite	m 9		
				this Continuation Statement	ic continued for the
4. CONTINUATION: Effectiveness of the Financing Statement ideal additional period provided by applicable law	entified above with respect to the	security interest(s) or secu	red Party additionzing	tins Continuation Statement	is continued for the
5. PARTY INFORMATION CHANGE:	<u>.</u>				
Check one or these two boxes:	<u>ND</u> Check <u>one</u> of these three b CHANGE name and/or	address: Complete	ADD name: Comple	ete itemDELETE name	: Give record name
This Change affects Debtor or Secured Party of record	item 6a or 6b; <u>and</u> item	7a or 7b and item 7c	7a or 7b, <u>and</u> item 7	c to be deleted in	item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Info 6a. ORGANIZATION'S NAME	mation Change - provide only <u>or</u>	<u>re</u> name (ea or eb)		<u> </u>	.,
HCI Pelham Cabin, LLC					
6b. INDIVIDUAL'S SURNAME	FIRST PERSO	NAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment of Ta. ORGANIZATION'S NAME	or Party Information Change - provide on	y <u>one</u> name (7a or 7b) (use exact,	full name; do not omit, me	odify, or abbreviate any part of the D)ebtor's name)
					•
7b. INDIVIDUAL'S SURNAME		<u> </u>	•		
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)		<u> </u>	_	<u> </u>	SUFFIX
	-	··			
7c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
3075 Healthy Way	Vestav	a Hills	AL	35243	USA
8. COLLATERAL CHANGE: Check only one box:	ADD collateral	DELETE collateral	RESTATE o	overed collateral	ASSIGN* collateral
Indicate collateral:	*Check ASSIGN COLLATERAL	only if the assignee's power to an	nend the record is limited t	o certain collateral and describe the	e collateral in Section 8
•					
9. NAME OF SECURED PARTY OF RECORD AUTHORIZE If this is an Amendment authorized by a DEBTOR, check here	ING THIS AMENDMENT: Prant and provide name of authorizing	_	9b) (name of Assign	or, if this is an Assignment)	
9a. ORGANIZATION'S NAME		,			
Peoples Bank of Alabama					
9b. INDIVIDUAL'S SURNAME	FIRST PERSO	NAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
! !					
10. OPTIONAL FILER REFERENCE DATA:		19/5/95 Ch	siby Count	./	
LN#4080386 HCI Pelham Cabin L	LU KD/U.HIIIMar	1 12/0/20- 206	SIDY COUNT	У	