UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

Indicate collateral:

A. NAME & PHONE OF CONTACT AT FILER (optional) Name: Wolters Kluwer Lien Solutions Phone: 800-3	31-3282 Fax: 818-662-4141
B. E-MAIL CONTACT AT FILER (optional) uccfilingreturn@wolterskluwer.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	9418 - BB & T - MASTER
Lien Solutions P.O. Box 29071	97910630
Glendale, CA 91209-9071	NCNC
1	FIXTURE
File with: Forsyth, NC	

2024008097 00130

FORSYTH COUNTY NC FEE \$45.00 PRESENTED & RECORDED 03/15/2024 02:45:43 PM LYNNE JOHNSON

REGISTER OF DEEDS BY: CHELSEA B MARTINEZ, DPTY

BK: RE 3797 PG: 1352 - 1354

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE NUMBER 2014033100 00058 BK-RE3196 PG-1170 9/11/2014 CC N	IC Forsyth	1b. This FINANCING STATEM (or recorded) in the REAL Filer: attach Amendment Additional filer: attach amendment Additional filer: attach filer:	MENT AM ESTATE endum (For	ENDMENT is to be filed [RECORDS m UCC3Ad) and provide Deb	for record]
2. TERMINATION: Effectiveness of the Financing Statement identified above i Statement	s terminated wit				
ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, a For partial assignment, complete items 7 and 9 and also indicate affected complete.			signor in	item 9	
CONTINUATION: Effectiveness of the Financing Statement identified above continued for the additional period provided by applicable law	with respect to	the security interest(s) of Secured	Party auth	norizing this Continuation	Statement is
5. APARTY INFORMATION CHANGE: Check one of these two boxes: This Change affects Debtor or Secured Party of record CHAN tem 6:		xes to: address: Complete 7a or 7b <u>and</u> item 7c	e: Comple and item 7	te itemDELETE name cto be deleted ii	e: Give record name n item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Information Change -	provide only on	e name (6a or 6b)			
6a. ORGANIZATION'S NAME WALEX APPANAITIS OD PA					
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME	ADDITION	NAL NAME(S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Ch	ange - provide only	one name (7a or 7b) (use exact, full name;	da not omit, r	nodify, or abbreviate any part of t	the Debtor's name)
7a. ORGANIZATION'S NAME					
W. ALEX APPANAITIS, O.D., P.A.					
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
312 SONATA DR	LEWISVIL	LE	NC	27023	USA
8. COLLATERAL CHANGE: Also check one of these four boxes: ADD	O collateral	DELETE collateral DR	ESTATE (covered collateral	ASSIGN collateral

			NDMENT: Provide only one name (9a or 9b) (na	me of Assignor, if this is an Assignment)	
	this is an Amendment authorized by a DEBTOR	k, check here and provide ha	ame of authorizing Debtor			
	9a. ORGANIZATION'S NAME					
	BRANCH BANKING AND TRUST COMPANY					
OR	9b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
10. 0	OPTIONAL FILER REFERENCE DATA: Deb	otor Name: W. ALEX APPA	NAITIS, O.D., P.A.			
979	10630 604	10063		Commercial		

FILING OFFICE COPY — UCC FINANCING STATEMENT AMENDMENT (Form UCC3) (Rev. 04/20/11)

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

Commercial

	NITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Am 4033100 00058 BK-RE3196 PG-1170 9/11/2014 CC					
	NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 or		n			
	12a. ORGANIZATION'S NAME BRANCH BANKING AND TRUST COMPANY					
)R	12b. INDIVIDUAL'S SURNAME					
	FIRST PERSONAL NAME					
	FIRST PERSUNAL NAME					
	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX	THE ABOVE O	PRACE IS EOD EII INC OFFICE LIS	= ONLY
	 Name of DEBTOR on related financing statement (Name of a current Debto			purposes only in som		
	one Debtor name (13a or 13b) (use exact, full name; do not omit, modify, c 13a. ORGANIZATION'S NAME WALEX APPANAITIS OD PA	or abbreviate any p	part of the Debi	or's name); see Instr	uctions if name does not fit	
R	13b. INDIVIDUAL'S SURNAME	FIRST PERSO	DNAL NAME		ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
ek 	ADDITIONAL SPACE FOR ITEM 8 (Collateral): otor Name and Address: ALEX APPANAITIS, O.D., P.A 312 SONATA DR , LEWISV oured Party Name and Address: ANCH BANKING AND TRUST COMPANY - 110 S STRATFO			SALEM, NC 2710	4	
ek /	otor Name and Address: ALEX APPANAITIS, O.D., P.A 312 SONATA DR , LEWISV cured Party Name and Address:			SALEM, NC 2710	4	

18. MISCELLANEOUS: 97910630-NC-67 9418 - BB & T - MASTER NC

BRANCH BANKING AND TRUST

File with: Forsyth, NC

6040063 Commercial

EXHIBIT "A"

BEING KNOWN AND DESIGNATED as Lot Number 2 as shown on the Map of SHALLOWFORD LAKES, SECTION 2, as recorded in Plat Book 21, Page 112 in the Office of the Register of Deeds of Forsyth County, North Carolina, reference to which is hereby made for a more particular description.