



SECRETARY OF THE STATE OF CONNECTICUT

MAILING ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, P.O. BOX 150470, HARTFORD, CT 06115-0470

DELIVERY ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, 30 TRINITY STREET, HARTFORD, CT 06106

PHONE: 860-509-6002

WEBSITE: www.concord-sots.ct.gov

STATE OF CONNECTICUT UCC-3 FINANCING STATEMENT AMENDMENT

USE INK. COMPLETE ALL SECTIONS. PRINT OR TYPE. ATTACH 8 1/2 X 11 SHEETS IF NECESSARY.

FILING PARTY (CONFIRMATION WILL BE SENT TO THIS ADDRESS): CUSTOMER ID: NAME: ADDRESS: CITY: STATE: ZIP: EMAIL:		FILING FEE: \$50 MAKE CHECKS PAYABLE TO "SECRETARY OF THE STATE"
1. INITIAL FINANCING STATEMENT FILE #		
2. <input type="checkbox"/> TERMINATION: EFFECTIVENESS OF THE FINANCING STATEMENT IDENTIFIED ABOVE IS TERMINATED WITH RESPECT TO SECURITY INTEREST(S) OF THE SECURED PARTY AUTHORIZING THIS TERMINATION STATEMENT.		
3. <input type="checkbox"/> CONTINUATION: EFFECTIVENESS OF THE FINANCING STATEMENT IDENTIFIED ABOVE WITH RESPECT TO SECURITY INTEREST(S) OF THE SECURED PARTY AUTHORIZING THIS CONTINUATION STATEMENT IS CONTINUED FOR THE ADDITIONAL PERIOD PROVIDED BY APPLICABLE LAW.		
4. <input type="checkbox"/> ASSIGNMENT (FULL OR PARTIAL): GIVE NAME OF ASSIGNEE IN ITEM 7A OR 7B AND ADDRESS OF ASSIGNEE IN ITEM 7C; AND ALSO GIVE NAME OF ASSIGNOR IN ITEM 9. FOR PARTIAL ASSIGNMENTS COMPLETE 7 AND 9 AS STATED AND ALSO INDICATED AFFECTED COLLATERAL IN ITEM 8.		
5. PARTY INFORMATION CHANGE / AMENDMENT: (CHECK ONLY ONE OF THESE TWO BOXES). THIS CHANGE AFFECTS: <input type="checkbox"/> DEBTOR OR <input type="checkbox"/> SECURED PARTY OF RECORD AND CHECK ONE OF THE FOLLOWING BOXES AND PROVIDE APPROPRIATE INFORMATION IN ITEMS 6 AND/OR 7. <input type="checkbox"/> CHANGE NAME AND/OR ADDRESS: GIVE CURRENT RECORD NAME IN ITEM 6A OR 6B; ALSO GIVE NEW NAME (IF NAME CHANGE) IN ITEM 7A OR 7B AND/OR NEW ADDRESS (IF ADDRESS CHANGE) IN ITEM 7C. <input type="checkbox"/> DELETE NAME: GIVE RECORD NAME TO BE DELETED IN ITEM 6A OR 6B. <input type="checkbox"/> ADD NAME: COMPLETE ITEM 7A OR 7B.		
6. CURRENT RECORD INFORMATION		
OR	6A. ORGANIZATION'S NAME	
	6B. INDIVIDUAL'S	
	SURNAME	
	FIRST PERSONAL NAME	MIDDLE

7. CHANGE (NEW) OR ADDED INFORMATION

7A. ORGANIZATION'S NAME

OR

7B. INDIVIDUAL'S

SURNAME

FIRST PERSONAL NAME

MIDDLE

SUFFIX

7C. MAILING ADDRESS:

ADDRESS:

CITY:

STATE:

ZIP:

COUNTRY:

8. COLLATERAL CHANGE / AMENDMENT: (CHECK ONLY ONE BOX).

DELETE COLLATERAL

ADD COLLATERAL

RESTATE COVERED COLLATERAL

ASSIGN COLLATERAL

INDICATE COLLATERAL DESCRIPTION:

**9. NAME OF PARTY OF RECORD AUTHORIZING THIS AMENDMENT (NAME OF ASSIGNOR, IF THIS IS AN ASSIGNMENT).
IF THIS IS AN AMENDMENT AUTHORIZED BY A DEBTOR, CHECK HERE AND ENTER NAME OF DEBTOR
AUTHORIZING THIS AMENDMENT.**

9A. ORGANIZATION'S NAME

OR

9B. INDIVIDUAL'S

SURNAME

FIRST PERSONAL NAME

MIDDLE

SUFFIX

10. OPTIONAL FILER REFERENCE DATA:

Instructions for Connecticut UCC Financing Statement AMENDMENT (Form UCC3)

Please type or print this form. Be sure it is completely legible. Read all Instructions, especially Instruction 1a; correct file number of initial financing statement is crucial. Follow instructions completely.

Fill in form very carefully; mistakes may have important legal consequences. If you have questions, consult your Legal Advisor. Filing office cannot give legal advice.

Do not insert anything in the open space in the upper portion of this form; it is reserved for filing office use.

An Amendment may relate to only one financing statement. Do not enter more than one file number in item 1.

If you need to use attachments, use 8 1/2 x 11 inch sheets, properly formatted, and put at the top of each sheet : "AMENDMENT" and the file number of the initial financing statement to which this Amendment relates; you are encouraged to use Amendment Addendum (Form UCC3Ad).

Always complete item 9

1. File number: Enter file number of initial financing statement to which this Amendment relates. Enter only one file number.

Note: Show purpose of this Amendment by checking box 2, 3, 4, 5 (in item 5 you must check two boxes) or 8; also complete items 6, 7 and/or 8 as appropriate. Filer cannot use this Amendment form to simultaneously accomplish both data changes (items 4, 5 and/or 8) and a Continuation (item 3.)

2. To terminate the effectiveness of the identified financing statement with respect to security interest(s) of authorizing Secured Party, check box 2. See Instruction 9 below.

3. To continue the effectiveness of the identified financing statement with respect to security interest(s) of authorizing Secured Party, check box 3. See Instruction 9 below.

4. To assign (i) all of assignor's interest under the identified financing statement, or (ii) a partial interest in the security interest covered by the identified financing statement, or (iii) assignor's full interest on some (but not all) of the collateral covered by the identified financing statement: Check box in item 4 and enter name of assignee in item 7a. If assignee is an organization, or in item 7b, formatted as indicated, if assignee is an individual. Complete 7a or 7b, but not both. Enter assignee's address in item 7c. Enter name of assignor in item 9. If partial Assignment affects only some (but not all) of the collateral covered by the identified financing statement, filer may check appropriate box in item 8 and indicate affected collateral in item 8.

5,6,7. To change the name and/or address of a party; Check box in item 5 to indicate whether this Amendment amends information relating to a Debtor or a Secured Party; also check box in item 5 to indicate that this is a name and/or address change; enter name of affected party (current record name), in item 6a or 6b and provide new or changed information in item 7.

5,6. To delete a party: Check box in item 5 to indicate whether deleting a Debtor or a Secured Party; also check box in item 5 to indicate that this is a deletion of a party; and also enter name (6a or 6b) of deleted party in item 6.

5,7. To add a party: Check box in item 5 to indicate whether adding a Debtor or Secured Party; check box in item 5 to indicate that this is an addition of a party; enter all required information in item 7.

8. Collateral change: To change the collateral covered by the identified financing statement, describe the change in item 8. This may be accomplished either by describing the collateral to be added or deleted, or by setting forth in full the collateral description as it is to be effective after the filing of this Amendment, indicating clearly the method chosen (check the appropriate box). If the space in item 8 is insufficient, use item 14 of Amendment Addendum (Form UCC3Ad).

9. Enter the name of the party of record authorizing this Amendment. In most cases, this will be a secured party of record. If this is an assignment give assignor's name. If this amendment is authorized by the debtor please check the box and give Debtor's Name.

10. This item is optional and is for filer's use only.

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