



# Secretary of the State of Connecticut

Phone: [860-509-6003](tel:860-509-6003) Website: [business.ct.gov](http://business.ct.gov) Email: [bsd@ct.gov](mailto:bsd@ct.gov)

## State of Connecticut

### UCC-3 Financing Statement Amendment - Use Ink. Print or Type. Attach 8 1/2" X 11" sheets if necessary.

<b>Filing Party</b> (Confirmation will be sent to this address): Name: Address: City: State: <span style="margin-left: 200px;">Zip Code:</span> Email: Telephone Number:	<b>Filing Fee: \$50</b> Make checks payable to "Secretary of the State"
--	---

**1. Initial Financing Statement File #**

**2.**

**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.**

**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.**

**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:**

Debtor or

Secured Party of Record

and check one of the following boxes and provide appropriate information in items 6 and/or 7.

**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.

**Delete Name:** Give Record Name to be deleted in item 6A or 6B.

**Add Name:** Complete item 7A or 7B.

**6. Current Record Information**

<b>or</b>	<b>6A. Organization's Name</b>		
	<b>6B. Individual's</b>		
	Surname:		
	First Personal Name:	Middle:	Suffix:

**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 Code:

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 and be sure it is completely legible. Read all Instructions, especially Instruction 1a; correct file number of initial financing statement is crucial. Please follow the 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 only.

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" sheets of paper, properly formatted, and write 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 the 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.

**Office of the Secretary of the State**

**Mailing Address:**

Business Services Division  
Connecticut Secretary of the State  
P.O. Box 150470  
Hartford, CT 06115-0470

**Delivery Address:**

Business Services Division  
Connecticut Secretary of the State  
165 Capitol Avenue, Suite 1000  
Hartford, CT 06106

**Phone:** [860-509-6003](tel:860-509-6003)

**Website:** [business.ct.gov](http://business.ct.gov)