			0415389	2022 A	pr 06 Al	M10:18	
ICC FINANCIN	G STATEMI	 ENTAMENDME	NT			•	
OLLOW INSTRUCTION	S (front and back)	CAREFULLY					
A. NAME & PHONE OF (CONTACT AT FILE	R [optional]	·				
B. SEND ACKNOWLEDG	MENT TO: (Name	e and Address)					
Newpoint Finan I 100 Pearl Stree Hartford, CT 06	t #265						
L				THE ABOVE SPAC	E IS FOR FILING	OFFICE USE OF	NLY
a. INITIAL FINANCING STA	TEMENT FILE# 20	02112158547046 Filedate: 1	5-DEC-21		1b. This FINANCING to be filed [for re	ecord] (or recorded	
			ve is terminated with respect to sec			· .	
CONTINUATION: continued for the additional co			above with respect to security inte	erest(s) of the Secured Pa	arty authorizing this C	Continuation Staten	nent is
. ASSIGNMENT (full	or partial): Give nam	ne of assignee in item 7a or 7b a	nd address of assignee in item 7c	and also give name of as	signor in item 9.		
	address: Give currer in item 7a or 7b and FORMATION:	provide appropriate information nt record name in item 6a or 6b; for new address (if address char		ame: Give record name ed in item 6a or 6b.	AOD name: Co item 7c, also co	omplete item 7a or omplete items 7d-7	7b, and also g (if applica
6b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME		SUFFIX	
CHANGED (NEW) OR A		ON:	· · · · · · · · · · · · · · · · · · ·				
7b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME		SUFFIX	
; MAILING ADDRESS			СПҮ		STATE POSTAL C	CODE	COUNTRY
. SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	7e. TYPE OF ORGANIZATION	7f: JURISDICTION OF ORG	ANIZATION	7g. ORGANIZATION/	ALID#, if any	
. AMENDMENT (COLLA Describe collateral de			teral description, or describe coll	lateral assigned.			
			MENDMENT (name of assignor				Debtor whi
	authorizing Debtor, o	or if this is a Termination authoriz	MENDMENT (name of assignor red by a Debtor, check here				Debtor whi