

# JUDGMENT LIEN AMENDMENT STATEMENT

THE FOLLOWING INFORMATION IS SUBMITTED IN ACCORDANCE WITH s. 55.206, FLORIDA STATUTES, TO AMEND INFORMATION SHOWN ON THE RECORDS OF THE DEPARTMENT OF STATE.

## JUDGMENT DEBTOR(S)

1. JUDGMENT DEBTOR (DEFENDANT) NAME AS SHOWN ON THE RECORDS OF THE DEPARTMENT OF STATE:

\_\_\_\_\_  
INDIVIDUAL OR BUSINESS ENTITY NAME

\_\_\_\_\_  
MAILING ADDRESS

\_\_\_\_\_  
CITY ST ZIP

2. ADDITIONAL JUDGMENT DEBTOR, IF APPLICABLE:

\_\_\_\_\_  
INDIVIDUAL OR BUSINESS ENTITY NAME

\_\_\_\_\_  
MAILING ADDRESS

\_\_\_\_\_  
CITY ST ZIP

## JUDGMENT CREDITOR(S)

3. JUDGMENT CREDITOR (PLAINTIFF) NAME AS SHOWN ON THE RECORDS OF THE DEPARTMENT OF STATE:

\_\_\_\_\_  
CREDITOR NAME(S)

\_\_\_\_\_  
MAILING ADDRESS

\_\_\_\_\_  
CITY ST ZIP

DO NOT PHOTOCOPY THIS FORM PRIOR TO USE.  
BAR CODE MUST BE LEGIBLE.



THIS SPACE FOR USE BY FILING OFFICER

4. \_\_\_\_\_  
ENTER FILE NUMBER ASSIGNED TO ORIGINAL JUDGMENT LIEN BY DEPARTMENT OF STATE

5. \_\_\_\_\_  
DATE JUDGMENT LIEN FILED WITH DEPARTMENT OF STATE

6.

- AMENDMENT THE JUDGMENT LIEN BEARING THE FILE NUMBER INDICATED ABOVE IS AMENDED AS SET FORTH BELOW.
- PARTIAL RELEASE THE JUDGMENT LIEN BEARING THE FILE NUMBER INDICATED ABOVE HAS BEEN PARTIALLY RELEASED AND THE VALUE OF THE LIEN REMAINING UNPAID AS OF THE DATE OF THIS STATEMENT \$ \_\_\_\_\_.
- ASSIGNMENT ALL OF THE JUDGMENT CREDITOR'S RIGHTS UNDER THE JUDGMENT LIEN CERTIFICATE INDICATED ABOVE HAVE BEEN ASSIGNED TO THE NEW JUDGMENT LIENOWNER WHOSE NAME AND ADDRESS ARE LISTED BELOW.
- TERMINATION THE JUDGMENT CREDITOR NO LONGER CLAIMS A LIEN ON THE PERSONAL PROPERTY UNDER THE JUDGMENT LIEN BEARING THE NUMBER INDICATED ABOVE.

7. SHOW NAME AND ADDRESS OF ASSIGNEE AND/OR AMENDMENT INFORMATION HERE: (ATTACH PAGE, IF NECESSARY)

**UNDER PENALTY OF PERJURY**, I hereby certify that: (1) All of the information set forth above is true, correct, current and complete; and (2) I have complied with all applicable laws in submitting this Judgment Lien Amendment Statement for filing.

\_\_\_\_\_  
Signature of Judgment Creditor or Authorized Representative

\_\_\_\_\_  
Printed Name

OWNER'S ATTORNEY OR AUTHORIZED REPRESENTATIVE TO WHOM ACKNOWLEDGMENT/CERTIFICATION OF FILING WILL BE MAILED:

\_\_\_\_\_  
NAME

\_\_\_\_\_  
MAILING ADDRESS

\_\_\_\_\_  
CITY ST ZIP

## NON-REFUNDABLE PROCESSING FEE:

JUDGMENT LIEN AMENDMENT STATEMENT \$20.00

EACH ATTACHED PAGE, IF NECESSARY \$ 5.00

CERTIFIED COPY REQUESTED \$10.00

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