

**Craig A. Hayner**  
County Clerk

**Shauna M. Sutton**  
Deputy County Clerk

**Charles A. Foehser, II**  
Deputy County Clerk



**Saratoga County Clerk's  
Office**

Saratoga County Municipal Center  
40 McMaster Street, Ballston Spa, NY 12020  
Telephone (518) 885-2213 FAX (518) 884-4726

**AMENDED BUSINESS CERTIFICATE**

The undersigned hereby certify that a certificate of doing business under the assumed name of:

Original Business Name \_\_\_\_\_

Original Business Address \_\_\_\_\_  
(Street Address) (City) (State) (Zip Code) (County)

was filed in the \_\_\_\_\_ County Clerk's Office, State of New York on \_\_\_\_\_ under  
Instrument Number \_\_\_\_\_ and last amended certificate was filed on \_\_\_\_\_,  
Instrument Number \_\_\_\_\_.

It is hereby certified that this amended certificate is made for the purpose of more accurately setting forth the facts  
recited in the original certificate or the last amended certificate and to set forth the following changes in such facts

IN WITNESS WHEREOF, I / WE have signed this certificate on \_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

STATE OF NEW YORK  
COUNTY OF SARATOGA

On \_\_\_\_\_ before me, the undersigned personally appeared

personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose names(s)  
is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in  
his/her/their capacity(ies), and that by his/her/their signatures(s) on the instrument, the individuals(s), or the person  
upon behalf of which the individual(s) acted, executed the instrument.

\_\_\_\_\_  
Notary Public