

**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: \_\_\_\_\_ Saratoga  
(Street Address) (City) (State) (Zip Code) (County)

was filed in the Saratoga County Clerk's Office, State of New York on \_\_\_\_\_ under Instrument Number \_\_\_\_\_ and last amended certificate was filed on \_\_\_\_\_ under 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. If adding new party, include residential address.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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  
(Date)

\_\_\_\_\_  
(Name)

personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(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 signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

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