

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 PARTNERSHIP

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 partnership 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

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