

**CHANGE OR AMENDMENT, ASSUMED BUSINESS NAME:**

1. The present name of the corporation:

\_\_\_\_\_

2. If the corporate name has changed since it had this assumed name:

\_\_\_\_\_

3. Present Assumed Name:

\_\_\_\_\_

4. The date of filing of the original assumed name: \_\_\_\_\_,

if the assumed name was ever amended, the date filed: \_\_\_\_\_

5. IF the assumed name is being changed, the new assumed name:

\_\_\_\_\_

6. OTHER CHANGE to made to the Certificate of Assumed Name (ADDRESS and/or COUNTY LOCATION) Pls. be specific:

\_\_\_\_\_

\_\_\_\_\_

7. Name of Officer and title of Officer who is authorizing the amendment:

\_\_\_\_\_

PREPARE AND FILE	\$ 75.00
DISBURSEMENT TO DEPT. OF STATE (Filing)	\$ 25.00
CERTIFIED COPY	\$ 10.00
DISBURSEMENT (Rush Handling)	\$ 25.00
ADMINISTRATIVE HANDLING	\$ 5.00
	\$

**\*IF THE BUSINESS LOCATION OF THE ASSUMED NAME IS: NEW YORK, QUEENS, KINGS, BRONX, RICHMOND**

**ADD THE FOLLOWING FEE TO THE ABOVE TOTAL: \$100 for each of these counties**

Your Name: \_\_\_\_\_

Your Firm: \_\_\_\_\_

Billing/Mailing Address: \_\_\_\_\_

Your Phone #: \_\_\_\_\_ Your Fax #: \_\_\_\_\_

Let This Letter Serve as My Authorization to Charge My Amex/MC/Visa (Initial Here) \_\_\_\_\_

Card # \_\_\_\_\_ Expires \_\_\_\_\_

IN THE AMOUNT OF \*\* \_\_\_\_\_

Print Name of Card Holder: \_\_\_\_\_

Print Complete Billing Address on Credit Card: \_\_\_\_\_

Signature of Card Holder: \_\_\_\_\_