Amended Business Certificate

For Individuals or Partners

THE UNDERSIGNED	DO HEREBY O	CERTIFY that I an	n a certificate o	of doing business	s under the assumed name:	
Business Name:						
Address:						
City:		State:	State:		Zip:	
The original certificate of County, New York on:	of conducting bus	iness under an assu	med name was	filed in the offi	ce of the Broome County Clerk, Broome	
Date of Original Filing:		Index Number of Original Filing:				
Last Amended Date:			Index Number of last amendment:			
					ccurately setting forth the facts recited in in such facts, including any new partners	
					RESENCE OF A NOTARY made and signed this certificate.	
STATE OF NEW YORK	 K :					
COUNTY OF BROOM	: ss.: E :					
On this	day of		, year	, before :	me, the undersigned personally appeared to me or proved to me on the basis of	
	her capacity and	whose name is sub that by his/her sign	scribed to the v	vithin instrumen	at and acknowledged to me that he/she dividual, or the person upon behalf of	
Signature and Office of Individ	dual taking acknowled	dgement - Notary Public	;			
Revised May 2020						