



(You may want to consult an Attorney for guidance and direction in these matters.)

TRADE NAME AMENDMENT

BARBARA A. NETCHERT
CLERK OF HUDSON COUNTY
(PLEASE TYPE OR PRINT CLEARLY)

The undersigned hereby certifies that the partnership heretofore existing under the firm or name is amended to reflect the following changes:

Trade Name: _____
Business Address: _____
City/Town: _____ Zip Code: _____
Description of Business: _____
Date Registered: _____ Original Trade Name No.: _____
Business Phone # _____ Tax ID: _____

OWNER'S INFORMATION

(DO NOT SIGN OR TAKE THE OATH UNTIL IN THE PRESENCE OF A NOTARY PUBLIC)

Owner #1 Name: _____
Residence: _____
City/State/Zip: _____
Home Phone #: _____ Cell #: _____
Signature: _____

Owner #2 Name: _____
Residence: _____
City/State/Zip: _____
Home Phone #: _____ Cell #: _____
Signature: _____

Owner #3 Name: _____
Residence: _____
City/State/Zip: _____
Home Phone #: _____ Cell #: _____
Signature: _____

TO BE COMPLETED ONLY IF ANY OF THE OWNER(S) LIVE OUT OF STATE:

We do hereby appoint the Clerk of Hudson County, in the State of New Jersey, and his/her successors in office, our attorney in fact, upon whom may be served all process affecting the aforesaid business and trade name _____ . And we do further agree that any process against the aforesaid Clerk of Hudson County be served, shall be of the same effect as if duly served upon the non-resident owner(s)/partner(s).

STATE OF NEW JERSEY COUNTY OF HUDSON

The undersigned being duly sworn, say that all of the above person(s) named in the foregoing certificate swore before me that the statements contained therein are true, accurate and complete. Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public

ADDITIONAL OWNER'S INFORMATION

(DO NOT SIGN OR TAKE THE OATH UNTIL IN THE PRESENCE OF A NOTARY PUBLIC)

Filed By: _____

Owner #4 Name: _____
Residence: _____
City/State/Zip: _____
Home Phone #: _____ Cell #: _____
Signature: _____

Processed By: _____

Owner #5 Name: _____
Residence: _____
City/State/Zip: _____
Home Phone #: _____ Cell #: _____
Signature: _____

Trade # _____

Owner #6 Name: _____
Residence: _____
City/State/Zip: _____
Home Phone #: _____ Cell #: _____
Signature: _____