



## CERTIFICATE OF AMENDMENT

Please complete the requested information below for your Articles of Amendment. Infotax Square representative will begin processing your order upon receipt of payment.

### CONTACT INFORMATION (This is where we will ship your documents)

First, Last Name: \_\_\_\_\_

Contact Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Fax Number (if any): (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

### BUSINESS OVERVIEW

Entity Name: \_\_\_\_\_

Date of Formation \_\_\_\_\_  
(mm/dd/yy)

State of Formation \_\_\_\_\_

Entity Address: \_\_\_\_\_  
(if different from above)

City, State, Zip: \_\_\_\_\_

### OFFICER / DIRECTOR OVERVIEW

1. Director/Officer Name & Title: \_\_\_\_\_

Address 1: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

2. Director/Officer Name & Title: \_\_\_\_\_

Address 1: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

### AMENDMENT DETAILS

Old Company Name: \_\_\_\_\_

New Company Name: \_\_\_\_\_



## PAYMENT OPTIONS

Check (payable to INFOTAX SQUARE): Mail to: 109-13 Centerville Street, Suite 3R, Ozone Park, NY 11417

CREDIT CARD: This authorizes Infotax Square to charge my credit card for filing Article of Amendment.



Card Type:             Visa             Master Card             American Express             Discover

First, middle, last Name: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

The undersigned hereby represents and warrant that he/she duly authorizes Infotax Square to charge his/her credit card for the above services rendered.

\_\_\_\_\_  
Name / Signature

**You can mail the form at:**  
Infotax Square  
109-13 Centerville Street, Suite 3R  
Ozone Park, NY 11417  
**Fax at: 718-732-2471**