

City, State, Zip:



TOLL FREE

1-866-754-4460

FAX:

CERTIFICATE	OF AMENDMENT 718-73	2-2471
Please complete the reques Infotax Square representat	sted information below for your Articles of Amendment. ive will begin processing your order upon receipt of payment.	
CONTACT INFORMATION	(This is where we will ship your documents)	
First Name:		
Last Name:		=
Address:		_
Suite/Apt:		_
City:		-
State:		_
Zip:		-
Phone:		_
Fax:		_
BUSINESS OVERVIEW		
Type of Entity:		
Name of Entity:		
State of Formation:		
Date of Formation:	(mm/dd/yyyy)	
Address:		_
Suite/Apt:		_
City:		=
State:		=
Zip:		_
OFFICERS/DIRECTORS I	NEODMATION	
OFFICER 1	IN ONE ALL AND A STATE OF A STATE	
Full Name:		
Title:		_
Residence Address:		





TOLL FREE

1-866-754-4460

FAX: **718-732-2471**

OFFICER 2				
Full Name:				
Title:				
Residence Address:				
City, State, Zip:				
AMENDMENT DETAIL				
Old Company Name:				
New Company Name:				
ORDER INFORMATION	For Pricing click here)			
	Infotax Square fees for filling your Articles of Amendment:			
	Standard State Filing Fee:			
	Include Expedite Fee:			
	Shipping and Handling (UPS Delivery):			
	Total			
CARDHOLDER INFORMA	TION			
	TAX SQUARE): Mail to: 109-13 Centerville Street, Suite 3R, Ozone Park, NY 114 prizes Infotax Square to charge my credit card for filing Certificate of Incorporation			
Card Type:	sa Master Card American Express	Discover		
First Last Name:				
Billing Address:	City, State, Zip			
Phone, Fax:				
Card Number:	Expiration Date:			
General Comments / Ins	structions:			
TERMS OF USE AGREEM	ENT & DISCLAIMER (Click Here For Online)			
The undersigned hereby represents and warrant that he/she duly authorizes Infotax Square to charge his/her credit card for the above services rendered.				
above services remarked.		nail the form at:		
Name / Signature Infotax Square 109-13 Centerville Street,		terville Street, Suite 3R		
Ogone Park, NY 11417 Fax at: 718-732-2471				