



BARBARA K. CEGAUSKE
 Secretary of State
 202 North Carson Street
 Carson City, Nevada 89701-4201
 (775) 684-5708
 Website: www.nvsos.gov

Nevada State Business License Certificate of Amendment "Other"

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

Completing this form does not relieve you of any statutory or regulatory requirements relating to your business.

This form is for the use of a business that is not a sole proprietor or partnership or that is not required to organize pursuant to Title 7 of NRS. It MAY NOT be used by those entities organized and on file with the Secretary of State that file an annual list.

* Asterisks indicate **required** information. Incomplete forms will be rejected.

INSTRUCTIONS:

1. Print legibly or type all information on this form.
2. Enter the name and NV Business ID # exactly as shown on State Business License certificate and as on file with the Secretary of State.
3. Return the completed form to the Secretary of State by fax to (775) 684-5725; by email to newfilings@sos.nv.gov; or, by mail to 202 North Carson Street, Carson City, Nevada 89701-4201.
4. This form must be signed by a responsible party. **FORM WILL BE RETURNED IF UNSIGNED.**

1*	Name as it appears on Business License <input style="width: 90%;" type="text"/>										
2*	NV Business ID # (NV Secretary of State - issued, may be found on State Business License) <input style="width: 200px;" type="text"/>										
3	<p>The State Business License is hereby amended as follows: (Check the box of the information you are changing)</p> <p><input type="checkbox"/> Entity Name <input style="width: 700px;" type="text"/> IMPORTANT: Name change requires document certifying a legal name change. If this is not provided, amendment will be rejected.</p> <p><input type="checkbox"/> Phone # (<input style="width: 40px;" type="text"/>) <input style="width: 150px;" type="text"/></p> <p><input type="checkbox"/> Physical Address <input style="width: 300px;" type="text"/> <input style="width: 150px;" type="text"/> <input style="width: 50px;" type="text"/> <input style="width: 50px;" type="text"/> <small>Physical Street Address City State Zip Code</small></p> <p><input type="checkbox"/> Mailing Address <input style="width: 300px;" type="text"/> <input style="width: 150px;" type="text"/> <input style="width: 50px;" type="text"/> <input style="width: 50px;" type="text"/> <small>PO Box or Street Address City State Zip Code</small></p> <p><input type="checkbox"/> Email Address <input style="width: 400px;" type="text"/></p>										
4*	<p>Signature must be that of a responsible party of the entity amending the State Business License.</p> <p>I declare under penalty of perjury that the information provided is true, correct and complete to the best of my knowledge and belief and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.</p> <table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; width: 20%;"></td> <td style="border: 1px solid black; width: 20%;"></td> <td style="border: 1px solid black; width: 20%;"></td> <td style="border: 1px solid black; width: 10%;"></td> <td style="border: 1px solid black; width: 10%;"></td> </tr> <tr> <td style="border: none;"><small>First Name</small></td> <td style="border: none;"><small>Middle (Optional)</small></td> <td style="border: none;"><small>Last Name</small></td> <td style="border: none;"><small>Suffix</small></td> <td style="border: none;"><small>Title</small></td> </tr> </table> <p>X _____ <input style="width: 100px;" type="text"/> <small>Signature Date</small></p>						<small>First Name</small>	<small>Middle (Optional)</small>	<small>Last Name</small>	<small>Suffix</small>	<small>Title</small>
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