

**AMEND CERTIFICATE OF ASSUMED BUSINESS NAME**

FOR PERSONS (SOLE PROPRIETORSHIPS, ASSOCIATIONS, OR GENERAL PARTNERSHIPS) ENGAGED IN BUSINESS  
UNDER A NAME OTHER THAN THEIR OWN (DBA)

RECORDED NUMBER OF ORIGINAL CERTIFICATE: \_\_\_\_\_

REQUESTED CHANGES ONLY:

NAME OF BUSINESS: \_\_\_\_\_

NATURE OF BUSINESS] ADDRESS OF BUSINESS: \_\_\_\_\_

PRINTED NAMES AND RESIDENCES OF MEMBERS OF BUSINESS:

	at	
	at	
	at	
	at	

**SECTION TO BE COMPLETED BY/IN PRESENCE OF NOTARY PUBLIC OR COUNTY RECORDER**

I HEREBY CERTIFY THAT I HAVE PERSONAL KNOWLEDGE OF THE FACTS STATED ABOVE AND THAT EACH OF THEM ARE TRUE.

\_\_\_\_\_

<b>Member's Signature</b>	<b>Printed Name</b>	<b>Capacity</b>
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Subscribed and sworn to before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_

<b>Signature of Notary/Recorder</b>	<b>Printed Name</b>	<b>County of Residence</b>
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(Notaries only) my commission expires

**FORM PREPARED BY:** \_\_\_\_\_

I AFFIRM, UNDER THE PENALTIES FOR PERJURY, THAT I HAVE TAKEN REASONABLE CARE TO REDACT EACH SOCIAL SECURITY NUMBER IN THIS DOCUMENT, UNLESS REQUIRED BY LAW: SIGNATURE \_\_\_\_\_

PRINT NAME \_\_\_\_\_

Send to: La Porte County Recorder 555 Michigan Ave, Suite 201 La Porte, IN 46350-3488

Include \$12.00 and a self-addressed, stamped envelope

