AMENDED DBA / PARTNERSHIP CERTIFICATE

The undersigned hereby certify/certifies that a Certificate of Doing Business under the name of:			
(Business Name)			
For the conduct of business at:			
(Street Address, City State, Zip)			
in the County of Niagara, State of New York, was filed in the office of the County Clerk of Niagara on:			
the day of,, under Instrument Number			
(aug)			
AND that the last Amended Certificate (if any), was filed in the office of the said Niagara County Clerk under			
Instrument Number on the day of, (day) (month) (year)			
(day)		(month)	(year)
It is hereby further certified that this amended certificate is made fo	r the purpose of mo	ore accurately setting f	Forth the facts recited in
the original certificate, or the last amended certificate, and to set forth			
Change business address Change filer address Ad	d partner	Remove Partner	Other
Check box above and provide details below:			
The full names of all persons conducting or transacting such partnership, with the residence address of each person are as follows:			
DBA/Partnership Owner(s) Name (PRINT) Residence Address (PRINT)			
W. C. d.	.1		
We certify that we are successor in interest to		berson conducting busi	ness prior to ourselves.
In witness whereof, I/we have signed this certificate on	l	(Date)	
		(Date)	
(Signature)	(Signature)		
(Signature)	(Signature)		
State of New York County of ss: City of	O-a (Do not use outs	ide New York State)	
On, before me the undersigned personally appeared:			
(Print all names signing document)			
Personally known to me or proved to me on the basis of satisfactory evidence to and acknowledged to me that he/she/they executed the same in his/her/their condividual(s) upon behalf of which the individual(s) acted, executed the instru	apacity(ies), and that		

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(Notary Public)