

**AMENDMENT TO TRADE NAME APPLICATION**

**STATE OF GEORGIA, COUNTY OF DEKALB**

Trade Name:

(Name must match exactly as Filed on Original Application)

Recorded in Book: \_\_\_\_\_ Page: \_\_\_\_\_ or Instrument No.:

on Month: \_\_\_\_\_ Date: \_\_\_\_\_, Year: \_\_\_\_\_ . Current Owner Name:

**The above Trade Name application is AMENDED to reflect the following changes:**

**Owner's Name**       Changing       Adding       Removing

Name 1:

Complete Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Trade Name**       Changing       Adding       Removing

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Incorporation Name or Address**       Changing       Adding       Removing

**New Incorporation Name:**

**New Incorporation Complete Address:**

Provide Complete Address

(Include City, State and Zip Code)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Change the Business FROM:**     Person      Corporation       Partnership

**Change the Business TO:**      Person      Corporation      Partnership

\_\_\_\_\_  
Applicant Signature

Applicant Name (Printed)

Sworn and subscribed before me,  
this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Applicant Phone Number

\_\_\_\_\_  
Notary Public  
State of Georgia  
My Commission Expires: \_\_\_\_\_