



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  
 For Sole Proprietors and  
 Partnerships Only**

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 sole proprietors and partnerships holding a State Business License. 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 the sole proprietor or a partner of the partnership. **FORM WILL BE RETURNED IF UNSIGNED.**

<b>1*</b>	<b>Name as it appears on Business License</b> <input style="width: 90%;" type="text"/>																
<b>2*</b>	<b>NV Business ID #</b> (NV Secretary of State - issued, may be found on State Business License) <input style="width: 200px;" type="text"/>																
<b>3</b>	<p><b>The State Business License is hereby amended as follows:</b> (Check the box of the information you are changing)</p> <p><input type="checkbox"/> <b>Your Name or Name of Partnership</b> <input style="width: 500px;" type="text"/>  <b>IMPORTANT:</b> Name change requires document certifying a legal name change. If this is not provided, amendment will be rejected.</p> <p><input type="checkbox"/> <b>Phone #</b> ( <input style="width: 40px;" type="text"/> ) <input style="width: 150px;" type="text"/></p> <p><input type="checkbox"/> <b>Physical Address</b> <input style="width: 250px;" type="text"/> <input style="width: 100px;" 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"/> <b>Mailing Address</b> <input style="width: 250px;" type="text"/> <input style="width: 100px;" 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"/> <b>Email Address</b> <input style="width: 400px;" type="text"/></p>																
<b>4*</b>	<p><b>Signature must be that of the sole proprietor or partner of the partnership amending the State Business License.</b></p> <p><b>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.</b></p> <table style="width: 100%; border: none;"> <tr> <td style="border: none;"><input style="width: 250px;" type="text"/></td> <td style="border: none;"><input style="width: 150px;" type="text"/></td> <td style="border: none;"><input style="width: 200px;" type="text"/></td> <td style="border: none;"><input style="width: 100px;" type="text"/></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> </tr> </table> <p><b>X</b> _____ <input style="width: 100px;" type="text"/>  <small>Signature Date</small></p> <p><b>Spouse, required only if to be listed on license</b></p> <table style="width: 100%; border: none;"> <tr> <td style="border: none;"><input style="width: 250px;" type="text"/></td> <td style="border: none;"><input style="width: 150px;" type="text"/></td> <td style="border: none;"><input style="width: 200px;" type="text"/></td> <td style="border: none;"><input style="width: 100px;" type="text"/></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> </tr> </table> <p><b>X</b> _____ <input style="width: 100px;" type="text"/>  <small>Signature of Spouse Date</small></p>	<input style="width: 250px;" type="text"/>	<input style="width: 150px;" type="text"/>	<input style="width: 200px;" type="text"/>	<input style="width: 100px;" type="text"/>	<small>First Name</small>	<small>Middle (Optional)</small>	<small>Last Name</small>	<small>Suffix</small>	<input style="width: 250px;" type="text"/>	<input style="width: 150px;" type="text"/>	<input style="width: 200px;" type="text"/>	<input style="width: 100px;" type="text"/>	<small>First Name</small>	<small>Middle (Optional)</small>	<small>Last Name</small>	<small>Suffix</small>
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