AMENDED
TRADE NAME REPORT

Filing Fee: $25.00

TO: OKLAHOMA SECRETARY OF STATE
421 NW 13th St, Suite #210
Oklahoma City, OK 73103
(405) 522-2520

PLEASE NOTE:

- The amended trade name report **cannot** be used to change the name of the actual trade name.

I hereby execute the following articles to amend a trade name report in Oklahoma pursuant to the provisions of Title 18, Section 1140.3:

1. **Trade name** under which the business is carried on in Oklahoma:

- The trade name or d/b/a name **must be different** than the legal name stated within article #4 below.

2. **Address(es)** where business is being carried on under the trade name:

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3. **Brief description** of the kind of business being transacted under the trade name:

4. Legal name of the **"business entity"** doing business under the trade name:

- As used in this section: **"Business entity" means** a corporation, a business trust, a common law trust, a limited liability company, or any unincorporated business, including any form of partnership.

5. Type of **"business entity"** filing the trade name report: (check **one** of the following)

☐ corporation	☐ business trust	☐ common law trust
☐ limited liability company	☐ unincorporated business	☐ partnership

6. **State** or **jurisdiction** where the **"business entity"** was formed:

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7. Set forth clearly any and all amendments to the trade name report:

COMPLETE ONLY THE ACKNOWLEGEMENT SECTION WHICH APPLIES TO THE BUSINESS ENTITY FILING THIS AMENDED TRADE NAME REPORT.

BUSINESS ENTITY ACKNOWLEDGEMENT
(Limited Liability Companies, Business Trusts, Unincorporated Businesses, Common Law Trusts, or Partnerships)

Signed this _____ day of _____, _____ by:

_____	_____
Signature	Signature
_____	_____
Printed Name	Printed Name
_____	_____
Title	Title

CORPORATION ACKNOWLEDGEMENT

Signed this _____ day of _____, _____ by:

_____
Signature

_____
Printed Name and Title

Oklahoma Secretary of State
Request to receive
documents electronically

No need to wait on your filed documents to be mailed back to you. If you would like your filed documents returned electronically, please complete and attach this form to your documents. Complete ALL information below to receive an email which will contain a link to retrieve your filed documents. (Please print or type clearly.)

☐ **Return filed documents electronically**

Receipt will read as follows:

PERSONAL or BUSINESS NAME: _____

MAILING ADDRESS: _____

CITY, STATE & ZIP CODE: _____

PHONE OR CELL: _____

EMAIL ADDRESS: _____

(It is critical that the email address is correct, or you may not receive the notification of filing)