

STATE OF ALABAMA

**DOMESTIC NONPROFIT CORPORATION
AMENDMENT TO FORMATION/ARTICLES**

PURPOSE: In order to amend a Nonprofit Corporation's Certificate of Formation under Sections 10A-3-4.02 and 10A-1-3.13 of the Code of Alabama 1975, this Amendment and the appropriate filing fees must be filed with the Office of the Secretary of State.

INSTRUCTIONS: Mail 2 copies of this completed form along with a self-addressed, stamped envelope to:

***Secretary of State, Business Services, P.O. Box 5616, Montgomery, Alabama 36103.**

*Include a check, money order, or credit card payment for the \$100.00 processing fee.

*The request is only accepted via mail or courier and will not be accepted via email.

*You may file the amendment online in the time it takes to type this request.

*Your filing will not be indexed if the credit/debit card does not authorize and will be removed from the index if the check is dishonored (\$30 fee).

This form must be typed and will not be accepted via email.

1. The current recorded name of the Corporation:

2. The date the Certificate of Formation was filed: ____ / ____ / ____ (format MM/DD/YYYY)

3. Alabama Entity ID Number (Format: 000-000): ____ - ____ - ____ **TO OBTAIN ID NUMBER**, go to our website at www.sos.alabama.gov, click on Business Services (below picture), click on Business Entity and Name Search, click on Entity Name, enter the name of the entity in the appropriate box, and enter. Click on the number and verify that this is the correct entity. **This step is strongly recommended.**

4. The county (if applicable) in which the Certificate of Formation was filed: _____

5. The titles, dates, and places of filing of any previous amendments: _____

(For SOS Use Only)

This form was prepared by: (type name and full address)

DOMESTIC NONPROFIT CORPORATION AMENDMENT

6. The following amendment was adopted on _____ / _____ / _____ (format MM/DD/YYYY):

___ Additional amendments and the dates on which they were adopted are attached.

Attach a listing if necessary.

*Be very specific about what must be changed if you are amending existing information.

*If the amendment includes a name change, a copy of the **Name Reservation Certificate** issued by the Office of Secretary of State **must be attached**.

*Registered agents and registered agent addresses are changed by filing a Change Of Registered Agent Or Registered Office By Entity form directly with the Office of the Secretary of State (the new agent’s signature is required agreeing to accept responsibility). **Agent information will NOT be changed with an amendment.**

7. The amendment or amendments have been approved in the manner required by Title 10A of the Code of Alabama 1975 and the governing documents of the entity.

Item 8, 9, or 10 MUST be checked.

8. — The members met on _____ / _____ / _____ (MM/DD/YYYY) and adopted the amendment by at least two-thirds of the votes entitled to be cast by members present or represented by proxy – a quorum was present.

9. — The amendment was adopted by consent in writing signed by all members entitled to vote.

10. — The board of directors met on _____ / _____ / _____ (MM/DD/YYYY) and adopted the amendment by majority vote of the directors in office – there are no members or no members entitled to vote.

Signature of President or Vice President required by 10A-3-4.02

Date (MM/DD/YYYY)

Typed name and title of above signature

Signature of Secretary or Assistant Secretary required by 10A-3-4.02

Date (MM/DD/YYYY)

Typed name and title of above signature

Witness Signature of Officer Signing Articles required by 10A-3-4.02

Date (MM/DD/YYYY)

Typed name and title of above signature

Secretary of State Credit Card or Prepaid Payment Option/Return/Hold Sheet: If you do not send an acknowledgement copy and a pre-addressed postage paid envelope with the filing you will not receive a receipt from the Secretary of State's Office. Hold for pickup request will have the receipt attached. The document of record will be stamped showing the receipt of the filing fee but will not show convenience fees (these fees are 3% of the total charge plus \$2.00).

Information MUST be typed or filing will be returned without review.

Entity Name: _____

AL Entity ID #, required for all filings other than formation/registration: _____ - _____ - _____
(ex: 000-000-000)

Service Requested: \$100.00 Amendment filing fee

Hold at Front Desk for pick-up by: _____

There is no notification service/call for pick-up.

Choose one of the following:

_____ Check/money order is attached-Please make one check payable for each filing to the Alabama Secretary of State. Do not use one check for multiple filings.

_____ Charge fees to prepaid account: Account Number _____
and Account Name _____

Typed Name & Signature of Authorized Individual on Account

_____ Credit Card Type: _____ (Visa, MC, Discover & AmEx)

Card Number: _____ Expiration Mo/Yr.: ____/____ (MM/YY)

Card Holder Name: _____

Complete Billing Address: _____
Street or PO Box

City State Zip

Signature of Card Holder: _____

MUST be Signature of Card Holder