

STATE OF ALABAMA

**DOMESTIC NONPROFIT CORPORATION
CERTIFICATE OF AMENDMENT**

PURPOSE: In order to amend a Nonprofit Corporation's Certificate of Incorporation under Section 10A-3A-9.06 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. 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.**

3. The following amendment(s) approved and adopted on: _____ / _____ / _____ (format MM/DD/YYYY)

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

(For SOS Use Only)

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

DOMESTIC NONPROFIT CORPORATION AMENDMENT

*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.**

- 4. The amendment or amendments were adopted in accordance with Section 10A-3A-1.04(c)(5) of the *Code of Alabama 1975*, as applicable, and the governing documents of the entity.
- 5. Provisions for implementing the amendment if the amendment provides for an exchange, reclassification, or cancellation of memberships if not contained in the amendment itself:

6. **Check one:**

The amendment was adopted in accordance with Section 10A-3A-9.02, if the nonprofit corporation is a membership nonprofit corporation which has not yet admitted one or more members.

The amendment was adopted in accordance with Sections 10-3A-9.03 and 10A-3A-9.04, if the nonprofit corporation is a membership nonprofit corporation which has admitted one or more members.

The amendment was adopted in accordance with Section 10A-3A-9.05, if the nonprofit corporation is a nonmembership nonprofit corporation.

Signature of Authorized Person

Date (MM/DD/YYYY)

Typed name and title of above signature

Signature of Authorized Person

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 P.O. Box

City State Zip

Signature of Card Holder: _____

MUST be Signature of Card Holder