



Wyoming Secretary of State

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Cheyenne, WY 82002-0020

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For Office Use Only

Nonprofit Corporation Articles of Amendment

1. Corporation name:

(Name must match exactly to the Secretary of State's records.)

2. Article number(s)

**See checklist below for article number information.*

is amended as follows:

3. The amendment was adopted on

(Date – mm/dd/yyyy)

by the board of directors.

OR

The amendment was adopted on

(Date – mm/dd/yyyy)

by the directors and members.

4. If approval by the members was not required, or if the corporation has no members, make that statement in this section and state that approval was obtained by a sufficient vote of the board of directors or incorporators:

5. If approval by the members was required, complete this section.

a. The number of memberships outstanding and entitled to vote on the amendment:

b. The number of votes cast for and against the amendment:

6. If approval of the amendment was required by some person or persons other than the members, the board of directors, or the incorporators, make a statement in this section that approval was obtained.

Signature: _____
(May be executed by the Chairman of the Board, President or another of its officers.)

Date: _____
(mm/dd/yyyy)

Print Name:

Contact Person:

Title:

Daytime Phone Number:

Email:

(An email address is required. Email(s) provided will receive important reminders, notices and filing evidence.)

Checklist

Filing Fee: \$25.00. Make check or money order payable to Wyoming Secretary of State.

Processing time is up to 15 business days following the date of receipt in our office.

*Refer to original articles of incorporation to determine the specific article number being amended or use the next number in sequence if you are adding an article. **Article number(s) is not the same as the filing ID number.**

Please mail with payment to the address at the top of this form. **This form cannot be accepted via email.**

Please review the form prior to submission. **The Secretary of State's Office is unable to process incomplete forms.**