

1. Name of Statutory Trust:

Wyoming Secretary of State

Herschler Building East, Suite 101 122 W 25th Street Cheyenne, WY 82002-0020 Ph. 307.777.7311

Email: Business@wyo.gov

For Office Use Only

Statutory Trust Certificate of Amendment

(Name must m	atch exactly to the Secretary o	f State's records.)
2. Amendmen	t(s) to the certificate:	
3. Future effec	ctive date or time of the ce	ertificate, if it is not to be effective upon the filing of the certificate:
(Date – mm/c	dd/yyyy)	
4. The certification	ate of amendment shall be	e executed by at least one trustee.
Date:	(mm/dd/yyyy)	Trustee Signature:
		Print Name:
Date:	(mm/dd/yyyy)	Trustee Signature:
		Print Name:
Date:	(mm/dd/yyyy)	Trustee Signature:
		Print Name:
Contact Person	n:	
Daytime Phone Number:		Email: (An email address is required. Email(s) provided will receive important reminders, notices and filing evidence.)
Checklist Filing	Fee: \$60.00 Make check o	r money order payable to Wyoming Secretary of State.

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

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.