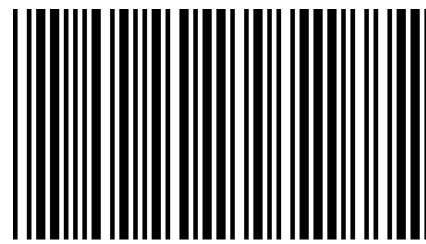




New Mexico Secretary of State

325 Don Gaspar, Suite 300 · Santa Fe, NM 87501
(800) 477-3632 · www.sos.state.nm.us



DNPAM

SUBMIT ORIGINAL AND A COPY
TYPE OR PRINT LEGIBLY

Nonprofit Corporation
ARTICLES OF AMENDMENT
TO THE ARTICLES OF INCORPORATION

Pursuant to the provisions of the New Mexico Nonprofit Corporation Act, the undersigned corporation adopts the following Articles of Amendment for the purpose of amending its Articles of Incorporation:

ARTICLE ONE: The name of the corporation is (include NM CORP#):

ARTICLE TWO: The following articles are amended as set forth here: (identify by article number and attach additional pages if necessary)

[Empty rectangular box for Article Two details]

ARTICLE THREE: (select the appropriate action taken) The date of the meeting of members at which the amendment was adopted was

A quorum of the members entitled to vote was present and the amendment received at least two-thirds (2/3) of the votes which members present at the meeting or represented by proxy were entitled to cast.

OR

The amendment was adopted by a consent in writing signed by all members entitled to vote thereon.

OR

The date of the meeting of the board of directors at which the amendment was adopted was. The corporation has no members, or no members entitled to vote thereon, therefore the amendment was adopted by a majority of the board of directors in office.

ARTICLE FOUR: If these Articles of Amendment are not to be effective upon filing with the Secretary of State, the effective date is: (if an effective date is specified here, it cannot be a date prior to the date the articles are received by the commission)

Dated:

Name of Corporation

Two officers must sign: By

Signature of Authorized Officer

By

Signature of Authorized Officer



New Mexico
Secretary of State
 Corporations Bureau

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DOCUMENT DELIVERY INSTRUCTIONS

(You **MUST** have one Document Delivery Instruction form for **each** filing being submitted)
 (DO NOT use this form for Partnerships, UCC or Trademarks)

ENTITY NAME on filing: _____

DATE DROPPED OFF AT CORPORATIONS BUREAU: _____ TIME: _____
 - OR -
 DATE MAILED TO CORPORATIONS BUREAU: _____

Contact Business Name: _____

Contact Person Name: _____

Contact Email Address: _____

Contact Phone: _____

Please indicate if you will pick up your documents upon completion OR you would like them mailed

Please check to indicate how documents are to be delivered:
 WILL PICKUP MAIL TO ADDRESS BELOW

Documents will be mailed to:

Attention: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

IF YOU HAVE SELECTED TO PICK UP YOUR DOCUMENTS, OUR OFFICE WILL CONTACT YOU WHEN YOUR DOCUMENTS ARE COMPLETED AND CAN BE PICKED UP, DOCUMENTS **WILL NOT BE HELD FOR MORE THAN 5 BUSINESS DAYS**. IF YOU HAVE NOT PICKED THEM UP WITHIN THAT TIME FRAME, THEY WILL BE MAILED TO THE ADDRESS LISTED ABOVE. (If you contact our office at 800-477-3632 and notify us that you are not able to pick up within that time frame, please let us know when you will be in for your documents.)

Thank You

DOCUMENTS MUST BE TYPED OR PRINTED LEGIBLY