



New Mexico
Secretary of State

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

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**Profit Corporation
ARTICLES OF AMENDMENT
TO THE ARTICLES OF INCORPORATION**

Pursuant to the provisions of the New Mexico Business 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):*

ARTICLE THREE: (Select the applicable statement, and complete accordingly)

_____ **No shares have been issued**, and the amendment was adopted by a resolution of the board of directors. The **date** the amendment was adopted was _____.

OR

_____ **Shares have been issued**, and the amendment was adopted by a majority vote of the shareholders entitled to vote.

The number of shares **issued** at the time of such adoption was

_____.

The number of shares **entitled to vote** was

_____.

The number of shares that voted **for** the amendment was

_____.

The number of shares that voted **against** the amendment was

_____.

The **date** the amendment was adopted was

_____.

ARTICLE FOUR (Complete only if applicable): The manner in which any exchange, reclassification, or cancellation of issued shares provided for in the amendment shall be effected is as follows:



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ARTICLE FIVE: 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

By _____
Signature of Authorized Officer



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 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