



STATE OF NEW MEXICO

**MAGGIE TOULOUSE OLIVER**

SECRETARY OF STATE

## **Domestic Profit Amendment Application Checklist**

The attached application must be filled out in its entirety. All fields with an asterisk \* are required.

The filing fee is \$100 unless you are increasing the amount of authorized shares. After the first 100,000 shares the fee will increase by \$1 per 1,000 shares not to exceed \$1,000. Please make the check or money order payable to New Mexico Secretary of State or NMSOS.

Mail entire application along with the required information listed above to:

### **New Mexico Secretary of State**

Business Services Division

325 Don Gaspar, Suite 300

Santa Fe, NM 87501



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Type or Print Legibly  
\$100 Filing Fee

## Domestic Profit Corporation

### Articles of Amendment

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 Organization:

**Article One:** \*The **business ID number, name, and DBA name(s)** of the company as currently registered:

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Article Two:** \*The Articles of Organization are amended as follows: (please reference the article number from your original Articles of Organization being amended along with the amended information)

**Article Three:** \*Select the applicable statement, and complete accordingly

No shares have been issued. The amendment was adopted by a resolution of the board of directors on the following date \_\_\_\_\_

**OR**

Shares have been issued and the amendment was adopted by a majority vote of the shareholders entitled to vote on the following date: \_\_\_\_\_

Number of shares issued		Number of shares entitled to vote	
Number of shares voted for amendment		Number of shares voted against amendment	

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

\_\_\_\_\_  
\*Executed Date

\_\_\_\_\_  
\*Signature of Officer

\_\_\_\_\_  
Future Effective Date (optional)

\_\_\_\_\_  
\*Printed Name and Title

325 DON GASPAR, SUITE 300 | SANTA FE, NEW MEXICO 87501  
PHONE: (505) 827-3600 or (800) 477-3632 | FAX: (505) 827-8081  
WWW.SOS.STATE.NM.US



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## Document Delivery Instruction Form

Please fill out in its entirety

Contact Name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Attention: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip code

Email Address: \_\_\_\_\_

**All documents will be emailed to the email address listed. If an email address is not provided the documents will be mailed to the address listed.**

check if you choose to pick up your documents

Documents listed for pick up must be picked up within five business days or documents will be emailed.

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