



STATE OF NEW MEXICO

**MAGGIE TOULOUSE OLIVER**

SECRETARY OF STATE

## **Domestic Nonprofit Amendment Application Checklist**

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

This application must be signed by two officers of the corporation.

The filing fee is \$20. 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  
\$20 Filing Fee

## Nonprofit Corporation

### Articles of Amendment

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 **business ID number, name, and DBA name(s)** of the corporation as currently registered and :

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

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

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

The amendment was adopted by a meeting of members on the following date: \_\_\_\_\_

OR

The amendment was adopted by a meeting of the board of directors on the following date: \_\_\_\_\_

OR

The amendment was adopted by written consent of all members entitled to vote thereon.

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

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

**Must be signed by two officers:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
\*Signatures of Officers

\_\_\_\_\_  
\*Printed Names and Titles

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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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