



STATE OF NEW MEXICO

**MAGGIE TOULOUSE OLIVER**

SECRETARY OF STATE

## **Cooperative Association Amendment Application Checklist**

The attached application must be filled out in its entirety. All fields with an asterisk \* are required. This must be signed by the President and Secretary of the association.

The filing fee is \$25. 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  
\$25 Filing Fee

## Cooperative Association

### Articles of Amendment

Pursuant to the provisions of the New Mexico Cooperative Association Act, the undersigned association adopts the following Articles of Amendment for the purpose of amending its Articles of Incorporation:

**Article One\***: The name of the association as currently registered and business ID number:

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\***: The date of the meeting of members at which the resolution to amend the Articles of Incorporation was: \_\_\_\_\_. A quorum of the members entitled to vote was present and the amendment received at least two-thirds of the votes.

\*Executed Date:

\_\_\_\_\_

Must be signed by the President and Secretary:

_____	_____
_____	_____
*Signatures of President and Secretary	*Printed Names

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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