



Prescribed by:

The Ohio Secretary of State

Central Ohio: (614) 466-3910

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Expedite this Form: (Select One)

Mail Form to one of the Following:

Yes PO Box 1390
Columbus, OH 43216
*** Requires an additional fee of \$100 ***

No PO Box 1028
Columbus, OH 43216

Certificate of Amendment by Shareholders or Members

(Domestic)

Filing Fee \$50.00

(CHECK ONLY ONE (1) BOX)

(1) Domestic for Profit <input type="checkbox"/> Amended (122-AMAP)	PLEASE READ INSTRUCTIONS	(2) Domestic Non-Profit <input type="checkbox"/> Amended (126-AMAN)	<input type="checkbox"/> Amendment (125-AMDS)	<input type="checkbox"/> Amendment (128-AMD)

Complete the general information in this section for the box checked above.

Name of Corporation _____

Charter Number _____

Name of Officer _____

Title _____

Please check if additional provisions attached.

The above named Ohio corporation, does hereby certify that:

A meeting of the shareholders directors (*non-profit amended articles only*)

members was duly called and held on _____
(Date)

at which meeting a quorum was present in person or by proxy, based upon the quorum present, an affirmative vote was cast which entitled them to exercise _____ % as the voting power of the corporation.

In a writing signed by all of the shareholders directors (*non-profit amended articles only*)

members who would be entitled to the notice of a meeting or such other proportion not less than a majority as the articles of regulations or bylaws permit.

Clause applies if amended box is checked.

Resolved, that the following amended articles of incorporations be and the same are hereby adopted to supercede and take the place of the existing articles of incorporation and all amendments thereto.

**All of the following information must be completed if an amended box is checked.
If an amendment box is checked, complete the areas that apply.**

FIRST: The name of the corporation is: _____

SECOND: The place in the State of Ohio where its principal office is located is in the City of:

_____ (city, village or township) _____ (county)

THIRD: The purposes of the corporation are as follows:

FOURTH: The number of shares which the corporation is authorized to have outstanding is: _____
(Does not apply to box (2))

REQUIRED
Must be authenticated
(signed) by an authorized
representative
(See Instructions)

Authorized Representative

(Print Name)

Date

Authorized Representative

(Print Name)

Date