



State of Alaska  
Division of Corporations, Business and Professional Licensing  
**CORPORATIONS SECTION**  
PO Box 110806  
Juneau, AK 99811-0806  
Phone: (907) 465-2550  
Fax: (907) 465-2974  
Website: [www.commerce.alaska.gov/occ](http://www.commerce.alaska.gov/occ)

## **ARTICLES OF AMENDMENT**

### **Domestic Nonprofit Corporation**

### **AS 10.20.181**

**Filing Fee: \$25.00 (non-refundable)**

#### **INSTRUCTIONS (*Please retain for your records*):**

**NOTICE:** The Articles of Amendment will not be filed if a biennial report is due or the signatures do not match what the Corporations Section has on record. Please verify the following before completing the application.

- Have all current biennial reports be filed?
- Are the officers/directors up to date on our records?

To verify this information please search for the entity by going to Search Corporations Database in the Corporations Section of our website at [www.commerce.alaska.gov/occ](http://www.commerce.alaska.gov/occ). If there is a biennial report due, the report may be filed online by selecting Biennial Reports on the Corporations Section page. If the officers/directors have changed, but no biennial report is due, please submit a Notice of Change located in the Forms and Fees section.

**Refer to Alaska Statutes 10.20.181. The Articles of Amendment correctly set out, without change, the provisions of the articles being amended.**

**NOTE:** Bylaws are not required to be filed with this office they are to be maintained by the entity. If you include your bylaws they will be returned, without being filed for record.

**ITEM 1:** Provide the name of the entity currently on record and the Alaska Entity Number.

**ITEM 2:** Provide the date the amendment was adopted by a majority vote of the board of directors, or a majority vote of its members, and choose one of the boxes provided.

**ITEM 3:** List each article number being amended, and the amended article in full. Any article being changed is considered an amendment; this includes deletions, edits, corrections, or renumbering of the articles. Verify with previous Articles of Incorporation and amendments already filed.

**ITEM 4:** The Articles of Amendment must be signed by the corporation president or vice president, and the secretary or assistant secretary currently on record with this office.

Mail the Articles of Amendment and the non-refundable \$25.00 filing fee in U.S. dollars to:  
State of Alaska, Corporations Section, PO Box 110806, Juneau, AK 99811-0806

**STANDARD PROCESSING TIME** for complete and correct applications submitted to this office is approximately 10-15 business days. All applications are reviewed in the date order they are received.



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DO NOT STAMP ABOVE THIS BOX

Office Use Only	<b>CORP</b>

**ARTICLES OF AMENDMENT  
 Domestic Nonprofit Corporation  
 AS 10.20.181**

**\$25.00 Filing Fee (non-refundable)**

Pursuant to Alaska Statutes 10.20.181, the undersigned corporation adopts the following amended Articles of Amendment.

<b>ITEM 1:</b> Name of the corporation:	Alaska Entity #:

**ITEM 2:** Authorization:

Date the amendment was adopted by a majority of the board of directors, or by a majority of its members (mm/dd/yyyy format):	
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If adopted by the members of the corporation:

- There are members entitled to vote on the amendment; a quorum was present at the meeting and the amendment received at least two-thirds of the vote, which members present at the meetings or represented by proxy were entitled to cast.
- The amendment was adopted by consent in writing signed by all members entitled to vote with respect to the amendment.

If adopted by the Board of Directors:

- There are no members and the amendment received the vote of a majority of the directors in office.
- There are no members entitled to vote and the amendment received the vote of a majority of the directors in office.

**ITEM 3:** List each article number being amended, and the amended article in full. Any article being changed is considered an amendment; this includes deletions, edits, corrections, or renumbering of the articles. Verify with previous Articles of Incorporation and amendments already filed.

Item 3 continued:

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Attach an additional sheet if necessary.

**ITEM 4:** The Articles of Amendment must be signed by the president or vice president and by its secretary or an assistant secretary of the entity.

Signature of President or Vice President	Printed Name of President or Vice President	Date
Signature of Secretary or Assistant Secretary	Printed name of Secretary or Asst. Secretary	Date

**NOTE:** Persons who sign documents filed with the commissioner that are known to the person to be false in material respects are guilty of a class A misdemeanor.

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### CONTACT INFORMATION SHEET

Please return this document with your filing. This information will only be used to resolve questions with the filings attached. **NOTE:** this form will not be filed for record or appear online.

Name of entity as it appears on filing:

To resolve questions with this filing, contact:

Name:	
Email:	Phone:
Mailing address:	

Return documents to:

Name:
Company:
Mailing address:

Attach this form to your filings. Send all documents to:  
State of Alaska, Corporations Section, PO Box 110806, Juneau, AK 99811-0806

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THE STATE  
of **ALASKA**  
*Department of Commerce, Community, and Economic Development*  
*Division of Corporations, Business and Professional Licensing*

FOR DIVISION USE ONLY

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Division of Corporations, Business and Professional Licensing  
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Phone: (907) 465-2550

## Credit Card Payment Form

All major credit cards are accepted. For security purposes, do not email credit card information. Include this credit card payment form with your application.

Name of Applicant or Licensee: \_\_\_\_\_

Program Type: \_\_\_\_\_ License Number (if applicable): \_\_\_\_\_

I wish to make payment by credit card for the following (check all that apply):

- |  | <b>AMOUNT</b> |
|--|---------------|
| <input type="checkbox"/> Application Fee: _____  | _____         |
| <input type="checkbox"/> License or Renewal Fee: _____   | _____         |
| <input type="checkbox"/> Other (name change, wall certificate, fine, duplicate license, exam, etc.): |               |
| 1. _____   | _____         |
| 2. _____   | _____         |

**TOTAL:** \_\_\_\_\_

Name (as shown on credit card): \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email (optional): \_\_\_\_\_

Signature of Credit Card Holder: \_\_\_\_\_

08-4438

Rev 12/26/18

Credit Card Payment Form (all major cards accepted)

<b>CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!</b>	
<p>1. Account Number: _____</p> <p>2. Expiration Date: _____</p> <p>3. Billing ZIP Code: _____</p> <p>4. Security Code: _____</p>	<p>All four fields <b>MUST</b> be completed!</p> <p>This section will be destroyed after the payment is processed.</p>