



INSTRUCTIONS: ARTICLES OF AMENDMENT OF A NONPROFIT MISCELLANEOUS AND MUTUAL CORPORATION RCW 24.06

Purpose: Articles of Amendment is used to record changes to the business entity's previously recorded articles of incorporation or its most recently recorded amendment. Amendment filings are most commonly used to change to the business entity's name.

General Instructions: Use dark ink only. Complete the entire form and enter all requested information in the fields provided. A fillable .pdf version of this form is available for download at www.sos.wa.gov/corporations

Mail: Send the completed form and payment to the address listed above.

Email: An email address is required on all documents submitted to this office. Existing email addresses will be used for notifications unless replaced via a filing with this office. Archived emails from previous filings will continue to be used for all notifications.

Payment: Make checks or money orders payable to "Secretary of State." Checks cannot be backdated more than 60 days from the date the check is received.

Fees: The filing fee for the Articles of Amendment is \$20.00

Expedited Service: If expedited service is requested, an *additional* \$100 must be added to the filing fee. Check the box indicating expedited service on page one.

ALL FILING FEES ARE NON-REFUNDABLE. ALL DOCUMENTS ARE PUBLIC RECORD.

(1) Unified Business Identifier (UBI): Provide the UBI Number assigned to the business registration as on file with the Office of the Secretary of State of Washington. The UBI Number and name of the business **must** match our records in order to be accepted.

(2) Name of Corporation: Provide the name as recorded with the Office of the Secretary of State of Washington. The Name and UBI Number of the business **must** match our records to be accepted.

(3) Business Name Change: Provide the new name for review. If a name has been reserved and a Name Reservation Number has been provided, enter the Number and Name in the appropriate section. If a Name Reservation has not been provided select "No".

In accordance with [RCW 23.95.305](http://www.wa.gov/rcw/23.95.305), a Nonprofit Miscellaneous and Mutual Corporation **may not contain** any of the following designations or abbreviations of: Corporation, Company, Incorporated, Limited, Limited Partnership or Limited Liability Partnership. The name of a Nonprofit Miscellaneous and Mutual Corporation may include Club, League, Association, Services, Committee, Fund, Society, Foundation, Guild, A Nonprofit Corporation or A Nonprofit Miscellaneous and Mutual Corporation, or any name of like import. A Nonprofit Miscellaneous and Mutual corporate name **must** be distinguishable upon the records of the Secretary of State from any other business already registered with the Secretary of State's office.

(4) Purpose of Corporation: If changed, indicate by providing the new purpose. Any other provisions may be attached if needed. **Do not attach or refer to the bylaws.**

(5) Period of Duration: If changed, select a period of duration. Only one selection will be accepted. Perpetual duration means "on-going" until the business is either administratively or voluntarily dissolved. A specified date or specified number of years, may be selected. If a specified date or specified number of years is selected, the business will be administratively dissolved as recorded in this section. If no selection is provided, it will default to perpetual.

(6) Registered Agent: If the Registered Agent has changed, indicate by selecting, “Yes” and provide new Registered Agent information.

Registered Agent: All businesses must have a Registered Agent in Washington State per RCW 23.95.415. Select only **one** type of agent. The Consent of the Registered Agent **must** be signed, regardless of the type of Registered Agent. Print the name and title of the person signing and provide the date of signature.

- **Commercial Registered Agent** is a business or individual registered with the Office of the Secretary of State, whose nature of business it is to receive legal documents, notices, or demands required or permitted by law to be served on behalf of the business. A Commercial Registered Agent has a verified address on record with the Office of the Secretary of State.
 - Select “Yes” or “No.”
 - If “Yes,” provide the name of the Commercial Registered Agent. An address is not required.
 - If “No,” continue to Noncommercial Registered Agent.
- **Noncommercial Registered Agent** is a business or individual who agrees to receive legal documents, notice, or demand required or permitted by law to be served on behalf of the business.
 - Identify the Registered Agent.
 - Individual: Write the individual’s first and last name.
 - Business: Write the business’ full name.
 - Office/Position: Write the office or position title held within the business such as President, Secretary, Treasurer, or Member.
 - Provide the required **physical** street address of the Noncommercial Registered Agent. You may also provide the mailing address if needed. Addresses **must** be in Washington State.
 - Provide a contact phone number and email address. This information will be used if there are any questions regarding the submission.

(7) Adoption of Articles of Amendment: Select how the Amendment was adopted by checking the appropriate box. Provide a date as required.

(8) Distribution of Assets: If changed, indicate by providing the new plan for distribution of assets. **Do not attach or refer to the bylaws.**

(9) Governors: If changed, list the individuals/businesses responsible for governing the business. Attach additional pages if necessary. A business cannot serve as its own governor. A governor is commonly a business/individual who has the authority to make decisions on behalf of the business.

(10) Qualifications, Rights & Responsibilities of Members: If changed, provide the manner of election, appointment, or admission to membership and termination of membership; if there is more than one class of members or if the members of any one class are not equal, the relative rights and responsibilities of each class or member.

(11) Dissention: If changed, select “Yes” or “No.”

(12) Capital Stock: If the business does not have capital stock or has not changed, select “No” and continue to (13). If capital stock has changed, select “Yes” and indicate the aggregate number of authorized shares by following the instructions below.

- **Are there any provisions limiting or denying to shareholders the preemptive right to acquire additional shares of the corporation?**
 - If there are any provisions limiting or denying the shareholders preemptive rights to acquire additional shares select “Yes”.
 - If there are not any provisions, select “No” and continue to the next question below.
- **Will there be more than one class of shares?**
 - If only one class of shares, select “Yes,” and continue to the next question.
 - If shares are divided into multiple classes, an attachment must be submitted either with this filing or through Articles of Amendment prior to the issuance of shares stating the following:
 - The number of shares of each class
 - The par value of the shares **or** that the shares are without par value
 - An outline of [RCW 24.06.025\(5\)\(b\)\(c\)](#) must be submitted either with this filing or through Articles of Amendment prior to the issuance of shares.
- **If only one class, select the value, and then continue to (13).**
 - If “Yes” is selected above, select if the shares will have a Par Value and provide the value, or that the shares will be Without Par Value.

(13) Distribution of Surplus: If changed, select “Yes” or “No.”

(14) Effective Date: Select the effective date of this filing. If “Date of Filing” is selected, the effective date will be the date the submission is completed by our office. If a future effective date is specified, it may not be more than 90 days **after** the date of filing.

(15) Return Address for this Filing: If provided, the confirmation regarding this specific filing will be sent to this address, in addition to the Registered Agent’s address.

(16) Authorized Person: Sign, print, and provide the signer’s title, and date the document.

For a rapid response to questions, requests for assistance, or to provide feedback, please visit the Corporations and Charities website at www.sos.wa.gov/corporations to chat with a representative.



WASHINGTON
Secretary of State
Corporations & Charities Division

Mailing Address (ALL USPS): PO Box 40234 Olympia, WA 98504-0234

See website for overnight address by commercial carrier

Tel: 360.725.0377 | Website: www.sos.wa.gov/corporations-charities

THIS BOX FOR OFFICE USE ONLY

☐ Filing Fee \$20

☐ To Expedite Filing, Add \$100

ARTICLES OF AMENDMENT

Nonprofit Miscellaneous and Mutual Corporation

[RCW 24.06](#)

All fields are **REQUIRED** unless otherwise specified

(1) UBI No.: _____

(2) NAME OF CORPORATION: (as currently recorded with the Office of the Secretary of State)

(3) BUSINESS NAME CHANGE: Are you changing your business name? (Check one) ☐ Yes ☐ No

New Name: _____

May include "club", "league", "association", "services", "committee", "fund", "society", "foundation", "guild", "., a nonprofit corporation", "., a nonprofit mutual corporation" or any name of like import. **Must not include or end with** "Corporation", "Incorporated", "Company", "Limited", "Limited Partnership" or the abbreviation "Corp.", "Inc.", "Co." or "Ltd." or any abbreviation thereof. For name requirements review the following RCW(s): [RCW 23.95.305](#)

Does the business have a name reserved? (Check one) ☐ Yes ☐ No If Yes, provide the Reservation Number

Reservation No.: _____

(4) PURPOSE OF CORPORATION: *Required only if changed* (attach additional pages if necessary)

(5) DURATION: *Required only if changed* Check ONE of the following

☐ This Company shall have a perpetual duration (default) ☐ This Company shall have a duration of _____ years.

☐ This Company shall expire on _____

(6) Has your registered agent or their contact details changed? (Check one) ☐ Yes ☐ No If Yes, complete page 2

NEW REGISTERED AGENT: Required ONLY if question 6 was marked Yes

A **Registered Agent** is an agent of a business which is authorized to receive service of any process, notices, or demands required or permitted by law to be served on the business including hand delivered service of process.

All businesses must have a Registered Agent in Washington State per [RCW 23.95.415](#)

Provide the name of the *Commercial Registered Agent* **OR** *Non-Commercial Registered Agent*. The appointed agent must sign the **Consent to Serve** statement below.

COMMERCIAL REGISTERED AGENT

A *Commercial Registered Agent* is a business or individual that is registered specifically as a Commercial Agent with the Office of the Secretary of State to receive legal documents on behalf of a corporation. A Commercial Registered Agent address has been registered with this office in advance and does not need to provide it with this submission.

If applicable, provide the name of the Commercial Registered Agent: _____

NON-COMMERCIAL REGISTERED AGENT

A *Non-Commercial Registered Agent* is a person, business, or office or position title appointed to serve as the registered agent for a business. A street address located in Washington State and an email address are required; a phone number and separate Washington State mailing address are optional.

If multiple types are listed the first type will be entered by this office

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- **Type 1:** If an **individual** is serving as the Registered Agent, only provide the individual's first and last name below.
 - **Type 2:** If a **business** is serving as the Registered Agent, only provide the name of the business below.
 - **Type 3:** If an **office** or **position** within the business is serving as the Registered Agent, only provide the position title such as President, Secretary, Treasurer, or Member below.

Registered Agent: _____

Email (required): _____

Phone: (optional) _____

Street Address: <i>(required)</i>	Mailing Address <i>(optional)</i>
Must be a physical address; No PO Box or PMB	<input type="checkbox"/> Check if mailing address is the same as street address
Country: <u>United States</u> State: <u>Washington</u>	Country: <u>United States</u> State: <u>Washington</u>
Address : _____	Address : _____
Zip: _____ City: _____	Zip: _____ City: _____

CONSENT TO SERVE AS REGISTERED AGENT - REQUIRED FOR ALL TYPES

I hereby consent to serve as Registered Agent in the State of Washington for the named business. I understand it will be my responsibility to accept service of process, notices, and demands on behalf of the business; to forward mail to the business; and to immediately notify the Office of the Secretary of State if I resign or change the Registered Office Address.

Signature of Registered Agent	Printed Name/Title	Date
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(7) ADOPTION OF ARTICLES OF AMENDMENT:

This Amendment was duly adopted by the following method **(Check one)**

- ☐ Adopted by the board of directions without being submitted for member or shareholder action and that member or shareholder action was not required.
- ☐ Adopted by a meeting of members or shareholders held on (date required) _____, a quorum was present at the meeting, and the amendment received at least two-thirds of the votes which members or shareholders and of each class entitled to vote thereon as a class, present at such meeting in person, by mail, by electronic transmission, or represented by proxy were entitled to cast.
- ☐ Adopted by a consent in writing signed by all members or shareholders entitled to vote.

(8) DISTRIBUTION OF ASSETS: *Required only if changed*

(9) GOVERNOR(S): *Required only if changed*

List at least one. Attach additional pages if necessary. A business cannot serve as its own Governor.

Name: _____	Name: _____
Name: _____	Name: _____
Name: _____	Name: _____

(10) QUALIFICATIONS, RIGHTS & RESPONSIBILITIES OF MEMBERS: *Required only if changed*

Provide the manner of election, appointment, or admission to membership and termination of membership; and, if there is more than one class of members or if the members of any one class are not equal, the relative rights and responsibilities of each class or member: **Attach additional pages if necessary.**

(11) DISSENTION: *Required only if changed*

Do dissenting shareholders or members have limited return of less than the fair value? **(Check one)** ☐ **Yes** ☐ **No**

(12) CAPITAL STOCK: *Required only if changed*

If changed, aggregate number of Authorized Shares: _____

- Are there any provisions limiting or denying shareholders the preemptive right to acquire additional shares of the corporation? (Check one) ☐ Yes ☐ No
- Will there be more than one class of shares? (Check one) ☐ Yes ☐ No
- If only one class, select the value, **then continue to (13)**. (Check one) ☐ Par Value: _____ ☐ Without Par Value
- If shares are divided into multiple classes, an attachment stating the number of shares of each class, the par value of the shares or that the shares are without par value, and an outline of [RCW 24.06.025\(5\)\(b\)\(c\)](#) must be submitted either with this filing or through Articles of Amendment prior to the issuance of shares.

Refer to [RCW 24.06.025](#) and [RCW 24.06.070](#) for additional information

(13) DISTRIBUTION OF SURPLUS: *Required only if changed*

Will the business distribute surplus funds to its members, stockholders, or other persons? (Check one) ☐ Yes ☐ No

If Yes, provide the provisions for determining the amount and time of distribution: _____

(14) EFFECTIVE DATE OF THIS FILING: Check ONE of the following

- ☐ Date of filing (default) this is the date that the submission is completed by our office
- ☐ Specify a Date _____ (cannot be more than 90 days following received date)
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(15) RETURN ADDRESS FOR THIS FILING: *(Optional)*

If provided, the confirmation regarding this specific filing will be sent to the address below, in addition to the Registered Agent's address.

Attention: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

(16) AUTHORIZED PERSON:

I hereby certify, under penalty of law, that the above information is accurate and complies with the filing requirements of state law.

Signature of Authorized Person

Printed Name/Title

Date
