West Virginia Secretary of State
State Capitol Building
Charleston, WV 25305

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Office Hours: Monday ï Friday
8:30 a.m. ï 5:00 p.m. ET

FILE ONE ORIGINAL
(Two if you want a filed stamped copy returned to you)
FEE: $25.00

WEST VIRGINIA ARTICLES OF INCORPORATION PROFIT AMENDMENT

****** In accordance with §31D-10-1006 of the Code of West Virginia, the undersigned corporation **** adopts the following Articles of Amendment to its Articles of Incorporation:**

1. The **name of the corporation** is: _____

2. The following amendment(s) to the Articles of Incorporation were adopted by: (**check one** of the following statements)

   ☐ the shareholders of the corporation

   ☐ the incorporators or board of directors and shareholder approval was not required.

3. The **date of the adoption of the amendment(s)** was: _____

4. **Change of Name Information** or **Text of Amendment**

   Change of Name From: _____

   To: _____

   Other amendment(s) (*attach additional pages to this application, if necessary*)

   _____

   _____

   _____

5. **Contact name and number** of person to reach in case of problem with filing: (Optional, however, listing one may help to avoid a return or rejection of filing if there appears to be a problem with the document.)

   Name: _____ Phone: _____

   Business e-mail address, if any: _____

6. **Signature** (See below ***Important Legal Notice Regarding Signature***):

   _____ _____
   Signature **Date**

   _____
   Capacity in which he/she is signing
   (example: President, Chairman, etc.)

Important Legal Notice Regarding Signature: Per **West Virginia Code §31D-1-129. Penalty for signing false document.** Any person who signs a document he or she knows is false in any material respect and knows that the document is to be delivered to the Secretary of State for filing is guilty of a misdemeanor and, upon conviction thereof, shall be fined not more than one thousand dollars or confined in the county or regional jail not more than one year, or both.

Important Note: This form is a public document. Please **do NOT provide any personal identifiable information on this form** such as social security number, bank account numbers, credit card numbers, tax identification or driverôs license numbers.