		Minimum Filing Fee \$10.00. An additional \$10 filing fee if changing the purpose		
N	DOMESTIC			
1				
	STATE OF MAINE			
AR'	TICLES OF AMENDMENT			
		Deputy Secretary of State		
		A True Copy When Attested By Signature		
	(Name of Corporation)	Deputy Secretary of State		
Pursuant to 13-	-B MRSA §§802 and 803, the undersigned corpor	ration executes and delivers the following Articles of Amendment:		
FIRST:	("X" one box only.)	t corporation in mutual benefit corporation		
SECOND:	Describe NATURE OF CHANGE (i.e. change in name of corporation, purpose, number of directors, adding or deleting section or revision of section, etc.) as well as TEXT of amendment. Attach additional pages as needed.			

THIRD:	("X" on	e box only.) The amendment was adopted on (date)	_as follows:	
		By the members at a meeting at which a quorum was present and the amendmen of the votes which members were entitled to cast.	t received at least a majority	
		(If the Articles require more than a majority vote.) By the members at a meetir received at least the percentage of votes required by the Articles of Incorporation.	ng at which the amendment	
		By the written consent of all members entitled to vote with respect thereto.		
		(If no members, or none entitled to vote thereon.) By majority vote of the board of	f directors.	
FOURTH:	The address of the registered office of the corporation in the State of Maine is			
		(street, city, state and zip code)	·	
DATED		*By		
		(signature)		

*By_

(type or print name and capacity)

(signature)

(type or print name and capacity)

*This document MUST be signed by any duly authorized officer. (13-B MRSA §104.1.B)

Please remit your payment made payable to the Maine Secretary of State.

MUST BE COMPLETED FOR VOTE **OF MEMBERS**

I certify that I have custody of the minutes showing

the above action by the members.

(signature of clerk, secretary or asst. secretary)

SUBMIT COMPLETED FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE, 101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101 TEL. (207) 624-7752

FORM NO. MNPCA-9 (2 of 2) Rev. 9/16/2005

Customer Contact Cover Letter

Name of entity(s) on the submitted filings:				
Optional special handling request(s): (check o	only if applicable)			
Hold attested copy for pick up (will	be required to pick up at our office in Augusta, Maine)			
□ 24-hour expedited filing (next busin	ness day) service: \$50 additional filing fee per entity			
Immediate expedited filing (same by	usiness day): \$100 additional filing fee per entity			
NOTE: Only one expedite fee is required if filin	g multiple documents for the <u>same entity/charter number</u> at the same tin			
Payment can be made by check or money ord obtain a credit card voucher at https://www.main	ler (payable to Maine Secretary of State) or by credit card. You may ne.gov/sos/cec/forms/credit.pdf.			
Total fee(s	s) enclosed: \$			
(Name of contact person)	(Daytime telephone number)			
(Contact email address for <u>this</u> filing)	(Email address to use for annual report reminders)			
Name and address of person to return the attes	sted copy of the completed filing:			
(Na	ame of attested copy recipient)			
	(Firm or Company)			
	(Mailing Address)			

For questions regarding the above filing(s), please call or email our office at (207) 624-7752 or cec.corporations@maine.gov

Submit filings to: Mailing Address if using US Postal Service Department of the Secretary of State Corporations, UCC and Commissions 101 State House Station Augusta, ME 04333-0101

Mailing Address if using FedEx/UPS Department of the Secretary of State Corporations, UCC and Commissions 6 E. Chestnut Street, 5th Floor Augusta, ME 04330