# **STATE OF MONTANA**

ARTICLES of AMENDMENT for NONPROFIT CORPORATION 35-2-225 MCA

MAIL: LINDA McCULLOCH

> Secretary of State P.O. Box 202801 Helena, MT 59620-2801

PHONE: (406) 444-3665 FAX: (406) 444-3976



Prepare, sign, submit with an original signature as	nd filing fee.
This is the minimum information requi	red.
This snace is for the Secretary of State	only)

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Required Filing Fee: \$15.00  ☐24 Hour Priority Handling check box & Add \$20.00 ☐1 Hour Expedite Handling check box & Add \$100.00			
n Foundation, Inc			
ne <b>Montana Nonprofit</b>			
ded to add the following language onal language is reflected on the			
March 9, 2016			
(Month/Day/Year)  where requested. (check only one box)			
ectors or Incorporators. A vote of the members			
e total number of memberships outstanding			
votes cast against the amendment.			
nt.			
lp sheet below.			
ained in this document are true."			
4/29/2016 Date			

WE	EB SITE: SOS.Mt.gov	
		Required Filing Fee: \$15.00  24 Hour Priority Handling check box & Add \$2  1 Hour Expedite Handling check box & Add \$1
1.	The current name of this Corporation is: The Epagne	ul Breton Foundation, Inc
2.	The following amendment was adopted in the manner provide Corporation Act, <u>Title 35, Chapter 2, MCA</u> :	ed for by the <b>Montana Nonprofit</b>
	Article 5.(b) of the Articles of incorporation wato the original language of said section, as su	5 5 5
	attachment hereto designated as Exhibit "A".	
	(Please attach additional sheets of paper if necessary.)	
3. 4.	The date this amendment was adopted is (cannot be a future  Please check the appropriate box and provide additional info  The number of votes cast for the amendment was sufficient for	(Month/Day/Year)  ormation where requested. (check only one box)
	■ This amendment was adopted by a sufficient vote of the Bowas not required or this nonprofit corporation has no mand the sufficient vote of the mand entitle to vote was: and (# outstanding)	embers. embers. The total number of memberships outstanding
	a) There were votes cast for the amendment a (# for)	.nd votes cast against the amendment. (# against)
	OR	
	b) There were undisputed votes cast for the (# undisputed)	amendment.
	Note: For voting groups and third party approval information,	see the help sheet below.
5.	"I, HEREBY SWEAR AND AFFIRM, under penalty of law, that the	e facts contained in this document are true."
		4/29/2016
	Signature of Officer or Chair of the Board	Date
	C. Frederick Overby, Corporate Secretary  Title	
[	Daytime Contact: Phone: 406-994-0000	Email: <u>fredoverby@overbylaw.com</u>

# **HELP SHEET: Articles of Amendment for amending the Articles of Incorporation**

This form is to be used to amend the articles of incorporation of a nonprofit corporation, including the name.

## ITEM 4 – Voting Groups

If a vote of the members of more than one class was required, please include that information on a separate sheet of paper.

## ITEM 4 – Third Party Approval

If the articles or bylaws require an amendment to be approved by a third person, written approval must be attached.

### **GENERAL INSTRUCTIONS**

Please type or print clearly when filling out this form.

### **ALL INFORMATION PUBLIC**

All information provided, including names and addresses of the principals of the entity, will be made available on the Secretary of State's web site or upon request.

## LEGAL AND ACCOUNTING IMPLICATIONS

There are important legal and accounting implications with respect to this entity's actions. Suitable legal and accounting advice should be secured before submission. The Secretary of State's office suggests that such advice be sought prior to filling out forms to be sure that you understand the terms and procedures.

### FORM PROCESSING TIME

Please be advised that the Business Services Division of the Montana Secretary of State will process your business documents within 10 working days of receipt.

- During this period if it is determined that your document does not meet statutory requirements, a letter outlining the deficiencies will be returned to the original submitter.
- If the document is complete and correct, the document will be filed and a letter certifying the filing of the document will be returned to the original submitter.
- If you wish a "FILED STAMPED" copy of the document to be returned with the certification letter (at no additional fee), it will be necessary for you to submit the original and a copy of the document.

## **Express Handling**

- You may request 24 hour priority handling of your document by simply marking the "24 hour priority handling" box and include an additional \$20.00 with your handling fee.
- You may request 1 hour expedite handling of your document by marking the "1 hour priority handling" box and include an additional \$100.00 with your filing fee.
- Please note: If your documents are returned for deficiencies and upon resubmittal you request either
  of the Express Services you must also remit a new priority (\$20.00) or expedite (\$100.00) handling
  fee.

# **SUBMISSION**

Make checks payable to the Secretary of State. Upon completion, mail with ORIGINAL SIGNATURE to:

Secretary of State PO Box 202801 Helena, MT 59620-2801

#### **CONTACT US**

If you have any questions regarding this form, please contact the Secretary of State, Business Services Division at (406) 444-3665.

# DO NOT STAPLE PAYMENT TO FILING FORM