



# Arkansas Secretary of State Cole Jester

500 Woodlane Avenue, Suite 256 • Little Rock, AR 72201  
501-682-3409 • www.sos.arkansas.gov

## CERTIFICATE OF AMENDMENT TO ADD OR AMEND A BENEFIT DESIGNATION

The undersigned, pursuant to the Arkansas Business Corporation Act (Act 958 of 1987) and Arkansas Benefit Corporation Act (Act 1388 of 2013), sets forth the following: (Please include merger documents if merging into a Public Benefit Corporation)

1. Name of Corporation: \_\_\_\_\_

2. Is this a benefit corporation?  Yes  No

3. The corporation has a purpose of creating a general public benefit.  Yes  No

The corporation has a specific public benefit.  Yes  No If so, specify: \_\_\_\_\_

4. Date amendment to the Articles of Incorporation was adopted: \_\_\_\_\_

5. Is the corporation converting into a benefit corporation?  Yes  No

6. Describe the language to be added or removed from the Articles of Incorporation:

7a.  The amendment was adopted by the incorporators or board of directors of the corporation, no action by the shareholders was required to adopt the amendment.

[or]

7b.  The amendment was approved by the shareholders. \_\_\_\_\_ shares of \_\_\_\_\_ stock  
number designation

are outstanding. \_\_\_\_\_ votes are entitled to be cast by each voting group entitled to vote separately on the  
number

amendment. The number of votes each voting group indisputably represented at the meeting was \_\_\_\_\_.  
number

\_\_\_\_\_ of the voting group voted in favor of the agreement and \_\_\_\_\_ of the voting group voted against the  
number number

Amendment.

[or]

7c.  \_\_\_\_\_ of undisputed votes were cast for the amendment by each voting group. The number of shares voting  
number

in favor of the amendment was sufficient to adopt the amendment.



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8. Name of Initial Registered Agent: \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

9. Name of Initial Benefit Director: \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

10. Name of Initial Benefit Officer: \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

11. Name and address of the board of directors are as follows:  
Name: \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_  
Name: \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_  
Name: \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

I understand that knowingly signing a false document with the intent to file with the Arkansas Secretary of State is a Class C misdemeanor and is punishable by a fine up to \$100.00 and/or imprisonment up to 30 days.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Printed Name