



Arkansas Secretary of State John Thurston

State Capitol • Little Rock, AR 72201-1094
501-682-3409 • www.sos.arkansas.gov

Business & Commercial Services, 1401 W. Capitol, Suite 250, Little Rock, AR

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