

Form must be filed electronically.

Paper forms are not accepted.

This copy is a sample and cannot be submitted for filing.

Articles of Amendment

filed pursuant to §7-90-301, et seq. and §7-56-202 of the Colorado Revised Statutes (C.R.S.)

ID number: _____

1. Entity name: _____
(If changing the name of the cooperative, indicate name BEFORE the name change)

2. New Entity name:
(if applicable) _____

3. Use of Restricted Words *(if any of these terms are contained in an entity name, true name of an entity, trade name or trademark stated in this document, mark the applicable box):*

<input type="checkbox"/> "bank" or "trust" or any derivative thereof
<input type="checkbox"/> "credit union" <input type="checkbox"/> "savings and loan"
<input type="checkbox"/> "insurance", "casualty", "mutual", or "surety"

4. Other amendments, if any, are attached.

5. If the article 56 cooperative's period of duration as amended is less than perpetual, state the date on which the period of duration expires: _____
(mm/dd/yyyy)

OR

If the article 56 cooperative's period of duration as amended is perpetual, mark this box:

6. *(Optional)* Delayed effective date: _____
(mm/dd/yyyy)

Notice:

Causing this document to be delivered to the secretary of state for filing shall constitute the affirmation or acknowledgment of each individual causing such delivery, under penalties of perjury, that the document is the individual's act and deed, or that the individual in good faith believes the document is the act and deed of the person on whose behalf the individual is causing the document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S., the constituent documents, and the organic statutes, and that the individual in good faith believes the facts stated in the document are true and the document complies with the requirements of that Part, the constituent documents, and the organic statutes.

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7. Name(s) and address(es) of the individual(s) causing the document to be delivered for filing:

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(Last)	(First)	(Middle)	(Suffix)

(Street number and name or Post Office Box information)			

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(City)		(State)	(Postal/Zip Code)
_____		_____	
(Province – if applicable)		(Country – if not US)	

(The document need not state the true name and address of more than one individual. However, if you wish to state the name and address of any additional individuals causing the document to be delivered for filing, mark this box and include an attachment stating the name and address of such individuals.)

Disclaimer:

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SAMPLE - DO NOT SUBMIT