



登记号: \_\_\_\_\_  
REGISTRY NUMBER:

根据俄勒冈州修订法规第 192.410-192.490 款, 本申请表所载信息属于公共记录。

我们必须根据要求向各方发布此信息, 并将其公布在我们的网站上。

In accordance with Oregon Revised Statute 192.410-192.490, the information on this application is public record.

We must release this information to all parties upon request and it will be posted on our website.

仅供办公使用  
For office use only

请用黑色墨水清楚地打印或书写。

Please Type or Print Legibly in Black Ink.

1) 实体名称: \_\_\_\_\_  
ENTITY NAME:

2) 说明条款编号: 并陈述修正后的条款内容。(如有需要, 另附纸张。)  
STATE THE ARTICLE NUMBER(S); and set forth the article(s) as it is amended to read. (Attach a separate sheet if necessary.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3) 修正获通过的日期为: \_\_\_\_\_  
THE AMENDMENT WAS ADOPTED ON:

(如果获通过的修正多于一项, 则注明每项修正的通过日期。)

(If more than one amendment was adopted, identify the date of adoption of each amendment.)

4) 勾选适当的陈述:  
CHECK THE APPROPRIATE STATEMENT:

无需成员批准。这一(些)修正已获董事会或公司创办人的充分投票批准。

Membership approval was not required. The amendment(s) was approved by a sufficient vote of the board of directors or incorporators.

需要成员批准。

Membership approval was required.

成员投票情况如下:

The membership vote was as follows:

有权投票类别	有权投票成员数目	有权投票数目	投票赞成数目	投票反对数目
Class(es) entitled to vote	Number of members entitled to vote	Number of votes entitle to be cast	Number of votes cast FOR	Number of votes cast AGAINST

5) 执行: (必须经至少一名管理人员或董事签署。)

本人以授权签署人身份声明, 根据作伪受罚的规定, 本文件不会以欺诈方式隐瞒、模糊、修改或以其他方式歪曲任何个人(包括管理人员、董事、员工、成员、经理或代理人)的身份。本人已检查此档案, 据本人所知所信, 档案真实、正确且完整。在本文件中作虚假陈述是违法的, 可能受到罚款、监禁或两者兼施的处罚。

EXECUTION: (Must be signed by at least one officer or director.)

I declare as an authorized signer, under penalty of perjury, that this document does not fraudulently conceal, obscure, alter, or otherwise misrepresent the identity of any person including officers, directors, employees, members, managers or agents. This filing has been examined by me and is, to the best of my knowledge and belief, true, correct and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment, or both.

签名: \_\_\_\_\_  
Signature:

印刷体姓名: \_\_\_\_\_  
Printed Name:

职衔: \_\_\_\_\_  
Title:

**联系人姓名：**（需解决本档案的相关问题。）

CONTACT NAME: (To resolve questions with this filing.)

**电话号码：**（包括区号。）

PHONE NUMBER: (Include area code.)

31 - Articles of Amendment - Nonprofit (1/20)

## 费用

FEES

必缴手续费 50 美元

Required Processing Fee \$50

非营利性类型更改不收费。

No Fee for Nonprofit Type Change.

手续费恕不退还。

Processing Fees are nonrefundable.

支票抬头请写“公司部”。

Please make check payable to "Corporation Division."

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