Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 – sos.oregon.gov/business - Phone: (503) 986-2200

Articles of Amendment - Nonprofit

FILED: SEP 23, 2020
OREGON SECRETARY OF STATE

142253699-21298868

REGISTRY NUMBER: 1422536-99

CASCADE VOLUNTEERS **AMDART**

In accordance with Oregon Revised Statute 192.410-192.490, the information on this application is public. We must release this information to all parties upon request and it will be posted on our website.

Please Type or Print Legibly in Black Ink.

1) **ENTITY NAME:** High Cascades Forest Volunteers

2) **STATE THE ARTICLE NUMBER(S):** and set forth the article(s) as it is amended to read. (Attach a separate sheet if necessary.)

ARTICLE I. NAME: The name of this corporation shall be Cascade Volunteers ; ~~ARTICLE VIII. ADDRESSES OF THE CORPORATION~~ ; ~~ARTICLE IX. APPOINTMENT OF REGISTERED AGENT (see complete articles, attached)~~ Disregard crossed out section per phone call with Alyssa.

3) **THE AMENDMENT WAS ADOPTED ON:** April 20, 2020

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

4) **CHECK THE APPROPRIATE STATEMENT:**

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

☐ Membership approval was required.

The membership vote was as follows:

Class(es) entitled to vote	Number of members entitled to vote	Number of votes entitled to be cast	Number of votes cast FOR	Number of votes cast AGAINST
		8	7	0

5) **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.

Signature: Judy Mitchell

Printed Name: Judy Mitchell

Title: Board Chair

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

PHONE NUMBER: (Include area code.)
541-525-6746

FEES

Required Processing Fee $50

No Fee for **Nonprofit Type Change.**

Processing Fees are nonrefundable. Please make check payable to "Corporation Division."

Free copies are available at sos.oregon.gov/business, using the Business Name Search program.