

**FAP**  
53-14

**KANSAS SECRETARY OF STATE**  
**Foreign Corporation**  
**Certificate of Amendment**  
Instructions

**Kansas Office of the Secretary of State:**

Memorial Hall, 1st Floor (785) 296-4564  
120 S.W. 10th Avenue kssos@sos.ks.gov  
Topeka, KS 66612-1594 www.sos.ks.gov

The following form **must be complete** and accompanied by **the correct filing fee** or the document will **not** be accepted for filing.

Save time and money by filing your forms online at **www.sos.ks.gov**. There, you can also stay up-to-date on your organization's status, annual report due date, and contact addresses.

<input type="checkbox"/> <b>Filing fee</b>	The filing fee for this document is <b>\$35</b> .
<input type="checkbox"/> <b>Payment</b>	Please enclose a check or money order payable to the Secretary of State. Forms received without the appropriate fee will not be accepted for filing. Please do not send cash. <b>NOTICE: There is a \$25 service fee for all checks returned by your financial institution. Also, to expedite processing, please do not use staples on your documents or to attach checks.</b>
<input type="checkbox"/> <b>Signature</b>	This amendment requires the signature of an authorized officer.

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THIS SPACE FOR OFFICE USE ONLY.

**This form must be complete and accompanied by the correct filing fee or the document will not be accepted for filing.**

**1. Business entity ID number**

Not Federal Employer ID Number (FEIN).

**2. Name of corporation**

Must match name on record with Secretary of State.

**3. The application on file with the Secretary of State's office is amended as follows:**

**4. The amendment was duly adopted in accordance with the provisions of K.S.A. 17-7302.**

**5. Future Effective date**

Must be within 90 days of filing date.

Upon filing

Future effective date:

Month

Day

Year

**6. I declare under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct, and that I have remitted the required fee.**

Signature of Authorized Officer

X

Name of Signer (printed or typed)

Phone Number

Month

Day

Year