

F030000006226

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

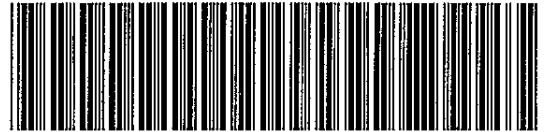
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06 FEB -7 AM 10:00
CLERK OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Compassion & Choices
(Name of Corporation)

DOCUMENT NUMBER: FD 3000006226

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Marcia A. Campbell
(Name of Contact Person)

Compassion & Choices
(Firm/Company)

PO Box 101810
(Address)

Denver CO 80250-1810
(City/State and Zip Code)

For further information concerning this matter, please call:

Marcia A Campbell at (303) 639-1202
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$35.00 Filing Fee \$43.75 Filing Fee & Certificate of Status \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**NOT FOR PROFIT CORPORATION
APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION TO FILE
AMENDMENT TO APPLICATION FOR CONDUCTING AFFAIRS IN FLORIDA**
(Pursuant to s. 617.1504, F.S.)

**SECTION I
(1-3 MUST BE COMPLETED)**

F03000006226
(Document Number of Corporation (If known))

1. The Hemlock Foundation For End-of-Life Choices, Inc.
(Name of corporation as it appears on the records of the Department of State)
2. Colorado 3. 9-10-03
(Incorporated under laws of) (Date authorized to conduct affairs in Florida)

**SECTION II
(4-8 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 10-29-04

5. Compassion & Choices (incorporated)
(Name of corporation after the amendment, adding suffix "corporation," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation. "Company," or "Co.," may not be used as a corporate suffix by a nonprofit corporation)

6. If the amendment changes the period of duration, indicate new period of duration and the date the change was effected.

_____ (New duration) _____ (Date)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction and the date the change was effected.

_____ (New jurisdiction) _____ (Date)

8. If the purpose which the corporation intends to pursue in Florida has changed, indicate new purpose.

(The corporation is authorized to pursue such purpose in the jurisdiction of its incorporation)

Marcia A Campbell
(Signature of the chairman or vice chairman of the board, president, or other officer - if in the hands of a receiver, trustee, or other court-appointed fiduciary, by that fiduciary)

Marcia Ann Campbell
(Typed or printed name of the person signing)

Chief Financial Officer
(Title of person signing)

FILED
06 FEB - 7 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Document Processing Fee
If document is on paper: \$25.00
If document is filed electronically: Currently Not Available

Fees are subject to change.
For electronic filing and to obtain
copies of filed documents visit
www.sos.state.co.us

Deliver paper documents to:
Colorado Secretary of State
Business Division
1560 Broadway, Suite 200
Denver, CO 80202-5169

Paper documents must be typed or machine printed.

20041402378 N
\$ 25.00
SECRETARY OF STATE
11-19-2004 18:05:42

ABOVE SPACE FOR OFFICE USE ONLY

Articles of Amendment

filed pursuant to §7-90-301, et seq. and §7-130-105 of the Colorado Revised Statutes (C.R.S.)

ID number: _____

1. Entity name:

The Hemlock Foundation for End-of-Life Choices
*(If changing the name of the corporation, indicate name
BEFORE the name change)*

2. New Entity name:
(if applicable)

Compassion & Choices

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, make the applicable
selection):*

- "bank" or "trust" or any derivative thereof
 "credit union" "savings and loan"
 "insurance", "casualty", "mutual", or "surety"

4. Other amendments, if any, are attached.

5. The amendment to the Articles of Incorporation was adopted on 10/29/2004 in the
manner indicated below *(mark appropriate procedure):* *(mm/dd/yyyy)*

The amendment was adopted by the board of directors or incorporators without member action and
member action was not required

OR

The amendment was adopted by the members AND the number of votes cast for the amendment by
each voting group entitled to vote separately on the amendment was sufficient for approval by that
voting group

OR

An approval of the amendment was obtained by some person or persons other than the members, the
board of directors, or the incorporators required pursuant to § 7-130-301 C.R.S.

*(If the articles of amendment include amendments adopted on a different date or in a different manner, mark this box
and include an attachment stating the date and manner of adoption.)*

6. If the nonprofit corporation's period
of duration as amended is less than
perpetual, state the date on which the
period of duration expires:

(mm/dd/yyyy)



STATE OF COLORADO
DEPARTMENT OF STATE

I hereby certify that this is a true copy of
Document No. 20041402378
consisting of 2 pages filed by the
Colorado Secretary of State in the records
of the Secretary of State.

Sinette Dennis

Secretary of State

A. Lawson
By

1-23-06
Date

OR

If the nonprofit corporation's period of duration as amended is perpetual, mark this box:

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

8. Additional information may be included pursuant to other organic statutes such as title 12, C.R.S. If applicable, mark this box and include an attachment stating the additional information.

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.

This perjury notice applies to each individual who causes this document to be delivered to the secretary of state, whether or not such individual is named in the document as one who has caused it to be delivered.

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

Campbell	Marcia	Ann	
(Last)	(First)	(Middle)	(Suffix)
P O Box 101810			
(Street name and number or Post Office Box information)			
Denver	CO	80250-1810	
(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:

This form, and any related instructions, are not intended to provide legal, business or tax advice, and are offered as a public service without representation or warranty. While this form is believed to satisfy minimum legal requirements as of its revision date, compliance with applicable law, as the same may be amended from time to time, remains the responsibility of the user of this form. Questions should be addressed to the user's attorney.

Annexed
Secretary of State

By _____ Date _____