

**WEST VIRGINIA AMENDMENT TO  
A VOLUNTARY ASSOCIATION**

Form VA-2  
Rev. 11/2017

**West Virginia Secretary of State**  
Business & Licensing Division  
Tel: (304)558-8000  
Fax: (304)558-8381  
Website: [www.wvsos.gov](http://www.wvsos.gov)

**FILE ONE ORIGINAL**

(Two if you want a filed  
stamped copy returned to you)  
**FEE: \$25.00**

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**\*\*\*\* In accordance with WV Code [§47-9A](#), the undersigned association adopts the following \*\*\*\*  
Articles of Amendment to its Articles of Association.**

1. The **name of the association** is: \_\_\_\_\_

2. The **date of the adoption of the amendment(s)** was: \_\_\_\_\_

3. **Change of Name Information or Text of Amendment**

Change of Name From: \_\_\_\_\_

To: \_\_\_\_\_

**Other amendment(s)** (*attach additional pages to form, if needed*)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. **Contact name and number** of person to reach in case of problem with filing: (Optional, however, listing one may help avoid return or rejection of filing if there appears to be a problem.)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Business e-mail address, if any: \_\_\_\_\_

5. **Signature** (See below *\*Important Legal Notice Regarding Signature\**):

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Title / Capacity in which he/she is signing**  
(example: President, Chairman, etc.)

***\*Important Legal Notice Regarding Signature\**** : Per West Virginia Code [§31D-1-129](#). **Penalty for signing false document.**  
Any person who signs a document he or she knows is false in any material respect and knows that the document is to be delivered to the secretary of state for filing is guilty of a misdemeanor and, upon conviction thereof, shall be fined not more than one thousand dollars or confined in the county or regional jail not more than one year, or both.

Rev. 01/2023

## Filing Submission Instructions - Business Division

### **IMPORTANT: READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING FORMS.**

Please follow the instructions included with the application. Failure to include any of the required information on the form may cause the filing to be rejected.

All forms may be downloaded from our web site [www.wvsos.gov](http://www.wvsos.gov).

SUBMIT THE COMPLETED APPLICATION WITH THE [CUSTOMER ORDER REQUEST](#) FORM TO ONE OF THE OFFICES BELOW. CHOOSE EXPEDITED OR STANDARD PROCESSING SERVICE. IF NOT USING THE CUSTOMER ORDER REQUEST FORM AND YOU ARE REQUESTING EXPEDITED SERVICE, YOU MUST INCLUDE THE WORD "EXPEDITE" AND THE LEVEL OF EXPEDITED SERVICE BEING REQUESTED (24-HOUR, 2-HOUR OR 1-HOUR) IN YOUR CORRESPONDENCE. BE SURE TO INCLUDE THE CORRECT ADDITIONAL EXPEDITED FEE. THIS FEE IS IN ADDITION TO THE REGULAR FILING FEE (*SEE FEES BELOW*).

### CHOOSE ONE OF THE FOLLOWING PROCESSING SERVICES:

① **EXPEDITED SERVICE (24-hour, 2-hour and 1-hour; \*Requires standard filing fee plus additional expedite fee, *see below*)**

Expedite Service	*Fee	EXPEDITED SERVICE requests may be submitted by:
24-Hour	\$ 25.00	- E-mail to <a href="mailto:efilings@wvsos.com">efilings@wvsos.com</a>
2-Hour	\$250.00	- Fax
1-Hour	\$500.00	- Walk in delivery

② **STANDARD PROCESSING (5-10 business days)**

Standard filing fees apply. STANDARD PROCESSING requests may be submitted by:  
- E-mail to [CorpFilings@wvsos.com](mailto:CorpFilings@wvsos.com)  
- Fax  
- Walk in delivery (drop off service only filed within 5-10 business days)

### INCLUDE PAYMENT:

Be sure to enclose the correct filing fee with your filing. If paying by credit card, be sure to include the [e-Payment Authorization](#) form with your filing. **Your filing will be rejected if the payment is not included or if the e-Payment Authorization form is not included if paying by credit card.**

### SUBMIT COMPLETED FILING TO ONE OF THE BUSINESS CENTERS BELOW:

#### BUSINESS SERVICE CENTERS *Standard and Expedited Filings*

**Charleston Office**  
**One-Stop Business Center**  
13 Kanawha Blvd. West  
Suite 201  
Charleston, WV 25302  
Phone: (304) 558-8000  
Fax: (304) 558-8381  
Hours: Mon. - Fri. 8:30a - 5:00p EST

**Clarksburg Office**  
**North Central WV Business Center**  
153 West Main Street  
Suite G- Third Floor  
Clarksburg, WV 26301  
Phone: (304) 367-2775  
Fax: (304) 627-2243  
Hours: Mon. -Fri. 9:00a - 5:00p EST

**Martinsburg Office**  
**Eastern Panhandle Business Center**  
229 E. Martin Street  
Martinsburg, WV 25401  
Phone: (304) 356-2654  
Fax: (304) 260-4360  
Hours: Mon. - Fri. 9:00a - 5:00p EST

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## Customer Order Request

SUBMIT THIS COMPLETED FORM WITH YOUR FILING.

**READ CAREFULLY BEFORE SUBMITTING** - Expedite service is **NOT AVAILABLE** for the following filings:

- >> Tax Department filings including Sole Proprietorships, General Partnerships, and Associations
- >> Dissolution or Withdrawal of Corporation, Voluntary Association or Business Trust

### Order Processing Requested\*:

### \*\*\* Expedite Processing Requires Additional Fees \*\*\*

Standard Processing\*\*  
(Avg. processing turnaround  
5-10 business days)

24-HOUR Expedite\*\*\*  
(additional \$25.00 fee included)

2-HOUR Expedite  
(additional \$250.00 fee included)

1-HOUR Expedite  
(additional \$500.00 fee included)

Email to: [CorpFilings@wvsos.com](mailto:CorpFilings@wvsos.com)

Email to: [eFilings@wvsos.com](mailto:eFilings@wvsos.com)

ALL Requests for Copies of documents email to: [Copies@wvsos.gov](mailto:Copies@wvsos.gov)

\*"Processing" indicates the filing will be completed and registered in the Secretary of State registration database.

\*\*Standard Processing applications received by E-MAIL or FAX must include the e-Payment Authorization form with credit card information.

\*\*\*NOTE: Orders filed in person through any Secretary of State office location requesting the filing be processed will be assessed a 24-HOUR Expedite fee of \$25.00 per order.

Name of Entity: \_\_\_\_\_

Return filing to:  
(Return Address) \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Return Delivery Options:** Email or Fax options do not receive a copy via mail; must be ordered separately.

Email to: \_\_\_\_\_  Fax to: \_\_\_\_\_

Hold for Pick Up  Mail to Return Address above  FedEx: Acct # \_\_\_\_\_

Other (explain below): \_\_\_\_\_  UPS: Acct # \_\_\_\_\_

**Order Description** (include items being ordered and fee breakdown):

\* PLEASE NOTE: Original paperwork is kept by this office. Include a copy of the original filing if you want a file stamped copy returned to you at no extra charge. **Certified copy requests are an additional \$15 per certified copy being requested.**

Total Amount:

### Payment Method:

Check/Money Order

Credit Card (Must attach [e-Payment Authorization](#) request form including payment information.)

Cash (*Do Not mail cash*)

Pre-paid Acct #: \_\_\_\_\_ Attach signed pre-paid slip.

## 24-hour, 2-hour and 1-hour Expedite Service Guidelines

**IMPORTANT:** To ensure expedited service, please mark “EXPEDITE” in a conspicuous place at the top of the service request. Please indicate method of delivery.

### **24-HOUR EXPEDITE SERVICE**

The Secretary of State offers a 24-hour expedite service on most business organization filings processed by this office. If you choose to utilize this service, please enclose with your filing the additional expedite fee. Please note that this expedite fee is in addition to the standard fee charged on each filing and/or order. You must mark the document with your “**24-HOUR EXPEDITE**” request. If using a cover letter, note that you are requesting 24-hour expedited service, and include your telephone number and return information. Each filing will be returned by U.S.P.S. regular mail unless other arrangements are made. This office *does not* fax confirmation of a 24-hour expedite.

The fee for 24-hour handling is \$25.00 in addition to the usual fee for service. Please consult our fee schedules for the appropriate fee. If you require assistance, please contact this office.

**Time Constraints:** Under most circumstances, each filing submitted receives same day filing date and may be picked up in the office by the end of the same business day. Filings to be mailed the next business day if received by 2:00 pm of receipt date and no later than the 2nd business day if received after 2:00 pm. Expedite period begins when filing or service request is received in this office in acceptable fileable form.

### **2-HOUR EXPEDITE SERVICE**

The Secretary of State offers a 2-hour expedite service on most filings processed by this office. If you choose to utilize the 2-hour expedite service, please enclose with your filing an additional \$250.00 per filing and/or order. Please note that this expedite fee is in addition to the standard fee charged on each filing and/or order. Complete and submit the 2-hour customer order instruction form. If not using our order form, state clearly in your cover letter that you are requesting 2-hour expedited service and include your telephone number and return information. Attach the order form or cover sheet to the *top* of your filing and submit to this office. Each filing will be returned by U.S.P.S. regular mail unless other arrangements are made.

### **1-HOUR EXPEDITE SERVICE**

The Secretary of State offers a 1-hour expedite service on most filings processed by this office. If you choose to utilize the 1-hour expedite service, please enclose with your filing an additional \$500.00 per filing and/or order. Please note that this expedite fee is in addition to the standard fee charged on each filing and/or order. Complete and submit the 1-hour customer order instruction form. If not using our order form, state clearly in your cover letter that you are requesting 1-hour expedited service and include your telephone number and return information. Attach the order form or cover sheet to the *top* of your filing and submit to this office. Each filing will be returned by U.S.P.S. regular mail unless other arrangements are made.

**1-Hour and 2-Hour Time Constraints:** Each filing submitted for either 1-hour or 2-hour expedite receives same day filing date and will be acknowledged by fax or e-mail within expedite service time. Failure to indicate method of acknowledgement (fax or e-mail) or to provide a correct fax number or e-mail address may prevent the Secretary of State from acknowledging the filing of such documents. Filings may be picked up within the expedite service period. Filings to be mailed will be mailed out no later than the next business day following receipt. Expedite period begins when filing or service request is received in this office in fileable form.

**The Secretary of State reserves the right to extend the expedite period in times of extreme volume, staff shortages or equipment malfunction. These extensions are few and will rarely extend more than a few hours.**

USE BLACK INK ONLY - DO NOT HIGHLIGHT

**e-Payment Authorization**

This document contains confidential financial information and will be properly shredded after payment has been processed by this office. Electronic storage of payment information is only permitted by signed authorization below which may be retracted at any time by written request by the authorized party.

**Service Type:**  Fax     E-mail     Mail

**Payment by Card** *(card holder name and billing address required below)*

**Card Type:**     Visa     Mastercard     Discover     American Express

**Credit Card Number:** \_\_\_\_\_ V Code\*

\* 3-digit number on back of VISA, MasterCard and Discover cards.  
 4-digit number on front right side of American Express card.

**NOTICE:** For security and verification purposes, all credit card payments must include the 3- or 4-digit CVV2 code (V Code) number located on the credit card. Failure to include this code will result in the rejection of your filing or service request.

**Credit Card Expiration Date:** Month:  Year:

**Amount to Charge Card:** USD \$

**Order Information** *(required)*

**Entity Name:**

**Card Holder Information:**

Name as it appears on the account

Billing Address

City  State  Zip Code

Telephone  Ext.

**Payment Information Storage Authorization** *(optional)*

I authorize the Secretary of State to store this payment information for future payment transactions processed by Secretary of State:

X \_\_\_\_\_ Date   
**Authorized Signature**

**Payment Authorization** *(required)*

I authorize the Secretary of State to bill an amount not to exceed the following to be charged to the above listed account(s):

X \_\_\_\_\_ Date   
**Authorized Signature**

**Not to Exceed Amount:** USD \$