



COMMONWEALTH OF KENTUCKY
MICHAEL ADAMS, SECRETARY OF STATE

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AMD

Michael G. Adams
Kentucky Secretary of State
Received and Filed:
7/19/2023 11:00 AM
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Division of Business Filings
P.O. Box 718
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov

Articles of Amendment
(Domestic Nonprofit Corporation)

NPA

Pursuant to the provisions of KRS 14A and KRS Chapter 273, the undersigned applies to amend articles and, for that purpose, submits the following statements:

1. The name of the corporation on record with the Office of the Secretary of State is:

TRILOGY COMMUNITY FOUNDATION, INC.

(The name must be identical to the name on record with the Secretary of State.)

2. The text of each amendment adopted: The name of the Corporation is Trilogy Community Foundation, Inc.

Article I is hereby amended in its entirety to read as follows:

"The name of the Corporation is Trilogy Health Services Foundation, Inc."

This Amendment was approved by the Board of Directors of the Corporation on the 17th day of March 2023.

3. The date of adoption of each amendment was 03/17/2023.

4. Check either a, b or c (whichever is applicable):

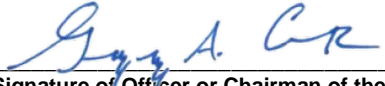
- a. ☒ The amendment(s) was (were) duly adopted by a quorum present at such meeting and that such amendment received at least two-thirds (2/3) of the votes which members present at such meeting or represented by proxy were entitled to cast.
- b. ☐ The amendment(s) was (were) duly adopted by consent in writing and was (were) signed by all members entitled to vote with respect thereto.
- c. ☐ The amendment(s) was (were) duly adopted by the board of directors and such amendment(s) received the vote of a majority of the directors in office since there are no members or members entitled to vote.

5. This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is _____.
(Delayed effective date and/or time)

Please indicate whether any of the following applies to your business ownership:

☐ Women Owned ☐ Veteran Owned ☐ Minority Owned

I declare under penalty of perjury under the laws of Kentucky that the forgoing is true and correct.


Signature of Officer or Chairman of the Board
(1/20)

Gregory A. Conner
Printed Name

SVP-Treasurer
Title

07/12/2023
Date

**FILING INSTRUCTIONS
ARTICLES OF AMENDMENT FOR A NONPROFIT CORPORATION**

NAME

The name must be the name of record with the Office of the Secretary of State.

TEXT OF AMENDMENT

The corporation may amend its articles of incorporation, from time to time, in any and as many respects as may be desired, so long as its articles of incorporation as amended contain only such provisions as are lawful under KRS 273.161 to 273.390.

DATE

The date the amendment was adopted must be provided.

AMENDMENT ADOPTION

Select the appropriate method of adoption for the amendment.

PRINCIPAL OFFICE ADDRESS

The principal office is the office (in or out of this state) so designated in writing with the Office of the Secretary of State where the principal designated office of the business entity is located. This address is where all correspondence from the Office of the Secretary of State (See Document Delivery) will be mailed.

EFFECTIVE DATE AND TIME

The document will be effective on the date and time of filing, unless a delayed effective date and/or time is specified. The effective date or the delayed effective date cannot be prior to the date the application is filed. A delayed effective date may not be later than the 90th day after the date of filing.

WHO MAY SIGN

The articles of amendment must be signed by an officer or the chairman of the board.

NUMBER OF COPIES

If filing via mail or in person, one exact or conformed copy of the documents with the filing fee must be submitted to the address below. To make a copy of the filing for delivery to the local county clerk's office, visit www.sos.ky.gov and print a copy from the organization search tool.

DOCUMENT DELIVERY

A file stamped postcard will be sent to the principal office address. If the applicant wishes for the document to be sent to an alternate address other than the principal office, a request must be submitted in writing affirming that request. Alternate address requests must be submitted with each document filed with the Office of the Secretary of State.

FILING FEE

The filing fee is \$8.00. Checks should be made payable to the "Kentucky State Treasurer."

MAILING ADDRESS

Michael Adams
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718

OFFICE LOCATION

Room 154, Capitol Building
700 Capital Avenue
Frankfort, KY 40601
Hours of Operation: 8:00 AM-4:30 PM ET

CONTACT INFORMATION AND NAME AVAILABILITY

If you have any questions, need additional forms or wish to search for name availability, please feel free to visit our website at www.sos.ky.gov or call (502) 564-3490.

FUTURE DOCUMENTATION REQUIREMENTS AND DEADLINES

The business entity must file an **annual report** with the Secretary of State between January 1 and June 30 of the year following the calendar year in which the corporation was formed. Subsequent annual reports must be filed with the Secretary of State between January 1 and June 30 of the following calendar years. A **statement of change** of the registered agent and/or registered office address or principal office address must be filed with the Secretary of State whenever a change has occurred involving any of the above categories. Downloadable forms may be found on our website.