

Fields marked with an asterisk (*) are mandatory.

Articles of Amendment

Not-for-Profit Corporations Act, 2010

For questions or more information to complete this form, please refer to the instruction page.

1. Corporation Information					
Corporation Name * LI EAST GWILLIMBURY MINOR HOCKE	Y ASSOCIATION				
Ontario Corporation Number (OCN) * 684478		Company Key *			
Official Email Address * i admin@egmha.com					
2. Contact Information					
Please provide the following information for documents or notices and correspondence been duly authorized to do so.	•	_ ,	g this filing. This person will receive official this filing, you are confirming that you have		
First Name * Jennifer	Middle Name	Last Name * Mackey			
Telephone Country Code Telephone Number * 905-251-2086			Extension		
Email Address * i secretary@egmha.com					
3. Corporation Name					
Complete this section only if you are changing the corporation name					
The corporation will have:					
an English name (example: "Green Insti	tute Inc.")				
a French name (example: "Institut Green Inc.")					
a combination of English and French name (example: "Institut Green Institute Inc.")					
an English and French name that are equivalent but used separately (example: "Green Institute Inc./Institut Green Inc.")					
4. Number of Directors (if applicable)					
Complete this section only if you are changing the number of directors					
A minimum of three directors are required. Please specify the number of directors for your Corporation					
☐ Fixed Number ✓ Minimum/Maximum					
Minimum Number of Directors * 4		Maximum Numbe	er of Directors *		
5. Purposes and Provisions (if applicable)					
Complete this section only if you are amending the Purposes and Provisions					

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Is the corporation a charity or does it intend to operate as a charity?
☐ Yes ✓ No
Description of Changes to Purposes
Please describe any amendments to the corporation's purposes in the area below (please be specific):
Enter the Text
Description of Changes to Special Provisions
Please describe any amendments to the corporation's special provisions in the area below (please be specific):
Enter the Text
To add the following special provisions:
(a) Commercial purposes, if any, set out in the articles are intended to advance or support one or more of the non-profit purposes of the corporation. No part of a corporation's profits or of its property or accretions to the value of the
property may be distributed, directly or indirectly, to a member, a director or an officer of the corporation except in
furtherance of its activities.
(b) Upon the dissolution of the corporation and after satisfying the interests of its creditors in all its debts, obligations and liabilities, its remaining property shall be distributed to a public benefit corporation in Ontario with similar
purposes to those of the Corporation at the time of dissolution.
(c) The corporation is authorized to establish two (2) classes of members as follows:
1. Voting Members – Members in this class are entitled to receive notice of and attend all meetings of members and
each such member is entitled to one (1) vote at such meetings, except meetings at which only members of another
class are entitled to vote separately as a class.
2. Non-Voting Members - Members in this class are not entitled to receive notice of, attend or vote at meetings of the
members.
(d) Any constitution by law amendment or repeal of a by law shall require confirmation by Special Decalution of the
(d) Any constitution, by-law, amendment or repeal of a by-law shall require confirmation by Special Resolution of the Members.
6. Members Authorization and Effective Date
The resolution authorizing the amendment was approved by the members of the corporation on * i
Requested Date for Amendment *
Authorization
* I, Jennifer Mackey
confirm that:
This amendment has been duly authorized as required by section 103 of the Not-For-Profit Corporations Act, 2010.
This form has been signed by all the required persons.
Caution:
The Act sets out penalties, including fines, for submitting false or misleading information.

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Required Signatures i				
Name	Position	Signature		
Name	Position	Signature		
	Save For	m Print Form Clear Form		

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