

SECRETARY OF THE STATE OF CONNECTICUT

MAILING ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, P.O. BOX 150470, HARTFORD, CT 06115-0470 MAILING ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE (30 TRINITY STREET, HARTSORD, CT.06106

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PHONE: 860-509-6003 WEBSITE: WWW.concord-sots.ct.gov

AM STREET: WWW.concord-sots.ct.gov

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CERTIFICATE OF AMENDME

NONSTOCK CORPORATION FILING #0007010417 PG 01 OF 02 VOL B-02647
FILED 10/27/2020 08:30 AM PAGE 00127
SECRETARY OF THE STATE
USE INK. COMPLETE ALL SECTIONS. PRINT OR TYPE. A
CONNECTICUT SECRETARY OF THE STATE

	COMMEDITORI	O1411111		
FILING PARTY	(CONFIRMATION WILL BE SENT TO THIS ADDRESS):	FILING FEE: \$20		
NAME: ADDRESS:	HILARY B. MILLER, ESQ. 500 WEST PUTNAM AVENUE - SUITE 400	MAKE CHECKS PAYABLE TO "SECRETARY OF THE STATE"		
CITY: STATE:	GREENWICH ZIP: 06830-6096	·		
1. NAME OF CO	RPORATION:			
THE SHERMA	N LIBRARY ASSOCIATION, INCORPORATED			
2. THE CERTIFI	CATE OF INCORPORATION IS (check A, B or C):			
	ED			
☐ B. RESTATI	ĒD			
C. AMENDE	ED AND RESTATED	,		
THE RESTATED	CERTIFICATE CONSOLIDATES ALI. AMENDMENTS INTO	A SINGLE DOCUMENT		
3. TEXT OF EAC	H AMENDMENT / RESTATEMENT:			
Article 4 of the Corporation's Amended and Restated Certificate of Incorporation is hereby deleted in its entirety and replaced with the following: "Article 4. The Corporation shall have a single class of members, designated as the members. The manner of election or appointment and the qualifications and rights of the members shall be set.forth in the bylaws."				

4. VOTE INFORMATION (CHECK A, B or C)				
	Y APPROVED BY THE MEMBERS IN T 47 OF THE CONNECTICUT GENERAL IATION.			
B. THE AMENDMENT WAS DULY APPROVED BY THE INCORPORATORS AND MEMBER APPROVAL WAS NOT REQUIRED.				
C. THE AMENDMENT WAS DULY APPROVED BY THE BOARD OF DIRECTORS AND MEMBER				
APPROVAL WAS NOT REQUIRED. FILING #0007010417 PG 02 OF 02 VOL B-02647				
5. EXECUTION: FILED 10/27/2020 08:30 AM PAGE 00128 SECRETARY OF THE STATE				
, 1,	CONNECTICUT SE	CRETARY OF THE STATE		
DATED THIS 16	DAY OF OCTOBER	, 20 20		
NAME OF SIGNATORY	CAPACITY/TITLE OF SIGNATORY	SIGNATURE		