

STATE OF GEORGIA

Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

CERTIFICATE OF AMENDMENT

NAME CHANGE

I, **Brad Raffensperger**, the Secretary of State and the Corporation Commissioner of the State of Georgia, hereby certify under the seal of my office that

GEORGIA ASSOCIATION OF PUBLIC PENSION TRUSTEES, INC.
a Domestic Nonprofit Corporation

has filed articles/certificate of amendment in the Office of the Secretary of State on 05/09/2024 changing its name to

GEORGIA ASSOCIATION OF PUBLIC PLAN TRUSTEES, INC.
a Domestic Nonprofit Corporation

and has paid the required fees as provided by Title 14 of the Official Code of Georgia Annotated. Attached hereto is a true and correct copy of said articles/ certificate of amendment.

WITNESS my hand and official seal in the City of Atlanta
and the State of Georgia on 05/16/2024.



Brad Raffensperger

Brad Raffensperger
Secretary of State

ARTICLES OF AMENDMENT

Electronically Filed
Secretary of State
Filing Date: 5/9/2024 7:11:49 PM

Article 1

Business Name : GEORGIA ASSOCIATION OF PUBLIC PENSION TRUSTEES, INC.
Control Number : 09064079

Article 2

The entity hereby adopts an amendment to change its name to the following new business name:

New Business Name : GEORGIA ASSOCIATION OF PUBLIC PLAN TRUSTEES, INC.
Effective Date : 05/09/2024

Article 3

The date of the adoption of the amendment was: 03/05/2024

Article 3

The amendment was duly adopted by the following method :
The amendment was adopted by a sufficient vote of the members of the Corporation.

Article 4

The date of the adoption of the amendment was: 03/05/2024

Article 5

The undersigned does hereby certify that a request for publication of a notice of the filing of articles of amendment to change the corporation's name along with the publication fee of \$40.00 has been forwarded to the legal organ of the county of the registered office as requested by O.C.G.A 14-3-1005.1.

Authorizer Information

Authorizer Signature : David D. Harris

Authorizer Title : Officer