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COVER LETTER

TO: Amendment Section **Division of Corporations** NAME OF CORPORATION: Yaer to Rican/Hispanic Chamber of Counterine **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$43.75 Filing Fee & □\$35 Filing Fee □ \$43.75 Filing Fee & □ \$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of Name of Corporation as currently filed with the Florida Dept. of State (Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

EV TO P(ICAN/HISPANIC C e new name must be distinguishable and breviation "Corp." or "Inc." "Company"		or "incorporated" or the
reviation corp. or me. <u>company</u>	Of Co. may not be ased in the h	tume.
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ncipal office address <u>MUST BE A STRE</u>	ET ADDRESS)	
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		ida, enter the name of th
new registered agent and/or the new reg		ida, enter the name of th
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If amending the registered agent and/or new registered agent and/or the new registered Agent: Name of New Registered Agent: New Registered Office Address:		
new registered agent and/or the new reg Name of New Registered Agent:	zistered office address:	
new registered agent and/or the new reg	zistered office address:	
new registered agent and/or the new registered Agent: Name of New Registered Agent: New Registered Office Address:	(Florida street address:	s) , Florida
new registered agent and/or the new reg	(Florida street address: (City)	s) , Florida (Zip Code)

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added; (Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	,	Address	Type of Action
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E. <u>If am</u>	ending or adding addi	tional Articles, enter	change(s) here:	
(attach	additional sheets, if ne	cessary). (Be speci	ific)	<i>i</i> .
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The date of each amendment(s)	adaption: 4/19/11	
	(date of adoption is required)	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more many o days after americanism sine dane)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a was/were sufficient for approv	adopted by the members and the number of votes cast for the amendment(s) al.	
There are no members or mer adopted by the board of direct	mbers entitled to vote on the amendment(s). The amendment(s) was/were cors.	
have a	chairman or vice chairman of the board, president or other officer-if director of been selected, by an incorporator – if in the hands of a receiver, trustee, ourt appointed fiduciary by that fiduciary)	
-	(Typed or printed name of person signing)	6
	Gresident	
	(Title of person signing)	