

731069

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 JUL 14 AM 9:35

C. LEWIS
JUL 28 2014
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 10, 2014

BEVERLY JAMES / MIAMI-DADE CHAMBER OF COMMERCE INC
100 S. BISCAYNE BLVD. 3RD FLOOR
MIAMI, FL 33131 US

SUBJECT: THE MIAMI-DADE CHAMBER OF COMMERCE, INC.
Ref. Number: 731069

We have received your document for THE MIAMI-DADE CHAMBER OF COMMERCE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We must have original signatures, for a nonprofit corporation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 514A00014874

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Miami-Dade Chamber of Commerce, Inc.

DOCUMENT NUMBER: 731069

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Beverly James

(Name of Contact Person)

Miami-Dade Chamber of Commerce, Inc.

(Firm/ Company)

100 South Biscayne Boulevard, 3rd Floor

(Address)

Miami, Florida 33131

(City/ State and Zip Code)

mdcc@m-dcc.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Beverly James

(Name of Contact Person)

at (305) 751-8648

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is
Enclosed) |
|---|--|---|--|

Mailing Address

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

Street Address

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

Articles of Amendment
to
Articles of Incorporation
of

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

14 JUL 14 AM 9:35

Miami-Dade Chamber of Commerce, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

731069

(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:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

Gordon E. Knowles

100 S. Biscayne Boulevard, 3rd Fl

(Florida street address)

New Registered Office Address:

Miami

(City)

, Florida

33131

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and am familiar with and accept the obligations of the position.


Signature of New Registered Agent, if changing

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)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P/CEO</u>	<u>Gordon E. Knowles</u>	<u>100 S. Biscayne Blvd</u> <u>3rd Floor</u> <u>Miami, Fl. 33131</u>
2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>SD</u>	<u>Cedric McMinn</u>	<u>6190 NW 173rd Street</u> <u>Apt 623</u> <u>Hialeah, FL 33015</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>SD</u>	<u>H. Leigh Toney</u>	<u>6300 NW 7th Avenue</u> <u>Miami, Florida 33150</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u> </u>	<u> </u>	<u> </u> <u> </u> <u> </u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u> </u>	<u> </u>	<u> </u> <u> </u> <u> </u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u> </u>	<u> </u>	<u> </u> <u> </u> <u> </u>

[illegible]

The date of each amendment(s) adoption: _____ if other than the date this document was signed.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Effective date if applicable: _____
(no more than 90 days after amendment file date) 11 JUL 14 AM 9:35

Adoption of Amendment(s) (CHECK ONE)

- ☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- ☒ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 6-17-14

Signature _____
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Ricardo Forbes
(Typed or printed name of person signing)

Chairman
(Title of person signing)