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COVER LETTER

TO: Amendment Section Division of Corporations

THE GREATION:	ATER DUNEDIN CHAMBER OF COMMERCE, INC
CC446842678	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fe	e are submitted for filing.
Please return all correspondence concerning	this matter to the following:
PAM PRAVETZ, CEO, PRESIDENT	
	(Name of Contact Person)
THE GREATER CHAMBER OF COMME	RCE, INC
	(Firm/ Company)
301 MAIN ST	
	(Address)
DUNEDIN, FL 34698	
	(City/ State and Zip Code)
DUNEDINTAX@YAHOO.COM	
E-mail address: (to be used for future annual report notification)
For further information concerning this matt	er, please call:
BARBARA A. READ, EA	727-736-1242
(Name of Conta	
Enclosed is a check for the following amoun	t made payable to the Florida Department of State:
	ng Fee & S43.75 Filing Fee & S52.50 Filing Fee of Status Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is Enclosed)
Mailing Address Amendment Section	Street Address Amendment Section

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

THE GREATER DUNEDIN CHAMBER OF COMMERCE, INC

(Name of Corporation	as currently filed with the Flor	ida Dept. of State)	
CC4446842678			
(Docur	ment Number of Corporation (if kr	nown)	
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	rida Statutes, this Florida Not Fo	r Profit Corporation adopts the following	
A. If amending name, enter the new name of the	e corporation:		
		The new	
name must be distinguishable and contain the word <u>"Company" or "Co." may not be used in the nam</u>		I" or the abbreviation "Corp," or "Inc."	
B. <u>Enter new principal office address, if applica</u> (Principal office address <u>MUST BE A STREET A</u>			
		 	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)		
D. If amending the registered agent and/or regis	stered office address in Florida,	enter the name of the	
new registered agent and/or the new register	ed office address:		
Name of New Registered Agent:	PAM PRAVET2		
	301 MAIN ST.		
y n tom	(Florida street address)		
New Registered Office Address:	DUNEDIN	34698	
	(City)	, Florida	
		(inframe)	
New Registered Agent's Signature, if changing I I hereby accept the appointment as registered agen		the obligations of the position.	
, , , , , , , , , , , , , , , , , , , ,	1 1		
-	Jan Kent T		
	Signature of New Regist	ered 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: X Change X Remove X Add	<u>Y</u> <u>Mik</u>	n Doe e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	С	PETER KRULDER	301 MAIN ST
X Add			DUNEDIN, FL 34698
Remove			
2) Change	D	DAN ROBISON	301 MAIN ST
Add			DUNEDIN, FL 34698
X Remove			
3) X Change	CEO, P	PAM PRAVETZ	301 MAIN ST
X Add			DUNEDIN, FL 34698
Remove			
4) Change			
Add			
Remove			
St. Channe			
5) Change Add			
Komove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)					
·					
				<u>.</u>	
					
				•	
	• •		•		
					

The date of each amendment(s) adoption:	if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date we document's effective date on the Department of State's records.	vill not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(was/were sufficient for approval.	<u>.</u> s)
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 7.24.18	
Signature Jamela Liaif	
(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)	
PAM PRAVETZ (Typed or printed name of person signing)	
CEO. PRESIDENT	
(Title of person signing)	