706276

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only



600333500956

09/09/19--01020--019 **35.00

FILED
19 SEP -9 M 7:01

SEP 1 7 2019 S. YOUNG

COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: LOW 3C K	exs Chambra of Commerce
DOCUMENT NUMBER: 70627	
The enclosed Articles of Amendment and fee are subn	nitted for filing.
Please return all correspondence concerning this matter	e to the fallouing
r lease return an correspondence concerning this made	The the following.
Dava Turnk	
	(Name of Contact Person)
Lore Keys Chambre	GF Commer Ge
•	
31020 OVERSERS	Hry Ria
1	(Address)
Poic Pine Key FL	33043
•	
Executive director a Low E-mail address: (10 be used	on Keys Chamber Com
For further information concerning this matter, please of	call:
David Tuchy	at 305 - 783 - 6944 (Area Code) (Daytime Telephone Number)
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made pay	yable to the Florida Department of State:
\$35 Filing Fee	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is Enclosed)
Mailing Address	Street Address
Amendment Section	Amendment Section
Division of Corporations P.O. Box 6327	Division of Corporations Clitton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation

of Lower Kers Chamber of Commerce

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

A. If amending name, enter the new name of the corpor	ration:		
$\alpha \mathcal{V}$			The new
name must be distinguishable and contain the word "corpo "Company" or "Co." may not be used in the name.	ration" or "incorporated	I" or the abbreviation "Co	rp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRES</u>	<u>ss</u>) <u> </u>		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BON</u>)	1		19 88
	_10/-14		
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office		enter the name of the	
Name of New Registered Agent:	/ _R		
	Œ	londa street address)	
<u>New Registered Office Address:</u>			
	City	, Florida (Zip Code	

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, a	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>V</u> <u>Mi</u>	nn Doe ke Jones ly Smith	
Type of Action Check One)	<u>Title</u>	<u>Name</u>	Address
(1) Change	Dicalu	Joseph Long Nove	Soldle Bruch Ky FL
X Remove			
2) Change	Drector	Bah Ramsay-Vickrey	2035 Bahin Shores A No Name Key FL 330
Remove			
Add			
4) Change			
Add			
5) Change Add			
Remove			
5) Change Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here:
E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)
A. Carterian Control of the Control
$\mathcal{N} = \mathcal{N}$
$V \mid \mathcal{H}$
······································
·

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable: (no more than 90 days after amendment file date)	
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.	e listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes east 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 9/3/9	
Signature	
(Typed or printed name of person signing)	
Executive Directon. (Title of person signing)	