706316

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COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CORPORATION: GREATER I	aBELLE CHAMBER OF COMMERCE, INC.
DOCUMENT NUMBER: 706316	
The enclosed Articles of Amendment and fee	are submitted for filing
Please return all correspondence concerning th	as matter to the following:
DANIA VETTEN	
	(Name of Contact Person)
GREATER LaBELLE CHAMBER OF COM	MFRCF
The state of the s	(Firm/ Company)
P.O. BOX 456	
	(Address)
LaBELLE, FL 33975	
	(City/ State and Zip Code)
lchamberofcomm@embarqmail.com E-mail address: (to	be used for future annual report notification)
For further information concerning this matter,	, please call:
DANIA VETTEN	at 863 675-0125
(Name of Contact	Person) (Arca Code) (Daytime Telephone Number)
Enclosed is a check for the following amount r	made payable to the Florida Department of State:
☐ \$35 Filing Fee ☐ \$43.75 Filing F Certificate of S	
Mailing Address	Street Address

Amendment Section Division of Corporations P.O. Box 6327

Tallahassec, FL 32314

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

GREATER LaBELLE CHAMBER OF COMME	RCE, INC.		
(Name of Corporation as currently filed with the	e Florida Dept. of State)		
706316			
(Docum	nent Number of Corporation (if l	known)	
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	rida Statutes, this <i>Florida Not F</i>	or Profit Corporation adopts the following	
A. If amending name, enter the new name of the	e corporation:		
name must he distinguishable and contain the word "Company" or "Co." may not be used in the name	! "corporation" or "incorporate	The new d" or the abbreviation "Corp." or "Inc."	
B. Enter new principal office address, if applica	ble		
(Principal office address <u>MUST BE A STREET A</u>		2024	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<i>BOX</i>)	FILED SEP -3 MI TABLES OF S UNIVERSEL FI	
		55. 5.1. 5.1.	
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 Name of New Registered Agent:	DANIA VETTEN		
tume of the Registered Agent.	125 E. HICKPOCHEE AVE		
<u>New Registered Office Address:</u>	(Florida street address)		
The state of the s	LaBELLE	Florida 33935	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing I I hereby accept the appointment as registered agen —	t. I am familiar with and accept	t the obligations of the position. LUHLA Jered 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.

mike Jones, y as Kemol	e, una sauy smi	un, 5r as un Aaa.	
Example: X_Change X_Remove X_Add	<u>V</u> <u>Mik</u>	n <u>Doc</u> e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	D	DIANE FIDANZA	P.O. BOX 456 LaBELLE, FL 33975
× Remove			
2) Change Add	<u>T</u>	BARBARA GALLEGOS	P.O. BOX 456 LaBELLE, FL 33975
Remove 3) Change	<u>D</u>	TERRI MARSH	P.O. BOX 456 LaBELLE, FL 33975
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add		···	
Remove			
E. If amending or add (attach additional she		Articles, enter change(s) here:). (Be specific)	
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	<u> </u>		

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	N	<u> </u>	
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	-1. 1.1.1.1		
The date of each amendment(s) adoption date this document was signed.	n:		, if other than the
Effective date if applicable:		- .	
Effective date if applicable: (no more than 90 days after amendment file date)			
Note: If the date inserted in this block do document's effective date on the Department.	es not meet the applicable statutor ent of State's records.	ry filing requirements, this	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were adopted was/were sufficient for approval.	by the members and the number	of votes cast for the amen	dment(s)

dopted by the	embers or members entitled to vote on the amendment(s). The amendment(s) was/we board of directors.
Dated	08/28/2024
Signati	re Dania W. W. Hen
	(By the chairman or vice chairman of the board, president or other officer-if direct have not been selected, by an incorporator – if in the hands of a receiver, trustee, other court appointed fiduciary by that fiduciary)
	DANIA VETTEN
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)

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DOCUMENT NUMBER: 706316				
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	(Name of Contact	Person)		
GREATER LaBELLE CHAMBER OF COMME	RCE			
	(Firm/ Compa	ny)		
P.O. BOX 456				
	(Address)			
LaBELLE, FL 33975				
	(City/ State and Zi	p Code)		
lchamberofcomm@embarqmail.com				
E-mail address: (to be	used for future annual i	eport notificat	on)	
For further information concerning this matter, pl	ease call:			
DANIA VETTEN		at _863	675-0125	
(Name of Contact Pe	rson)	(Area Code) (Daytime Telephone Nu	mber)
Enclosed is a check for the following amount made	de payable to the Florid	a Department (of State:	
☐ \$35 Filing Fee		Cer y is Cer (Ad	.50 Filing Fee dificate of Status dified Copy ditional Copy is blosed)	
Mailing Address Amendment Section	-	Street Address Amendment Se		

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