709279

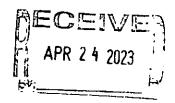
| (Requestor's Name) |
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| (Business Entity Name) |
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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATE | | amber of Commerce, | Inc. | <u></u> | | _ |
|------------------------------|---|--|-----------------------------|--|--|--------------|
| DOCUMENT NUMBER: | 709279 | | | | | _ |
| The enclosed Articles of An | nendment and fee are sub | mitted for filing. | | | | |
| Please return all correspond | ence concerning this mat | ter to the following: | | | | |
| Heather Kasten | | | | | | |
| | <u> </u> | (Name of Contact P | erson) | | | |
| Greater Sarasota Chamber of | of Commerce, Inc. | | | | | |
| | | (Firm/ Compan | y) | | - · | _ |
| 1945 Fruitville Rd. | | | | | | |
| *** | | (Address) | | | | |
| Sarasota, FL 34236 | | | | | | |
| | | (City/ State and Zip | Code) | | | _ |
| hkasten@sarasotachamber. | com | | | | | |
| | :-mail address: (to be use | d for future annual re | port notification | n) | | |
| For further information con | cerning this matter, pleas | | | | | , |
| Heather Kastern | | at | 941- | 5564050 (Daytime Telep | , 177 V | |
| - | (Name of Contact Person | 1) | (Area Code) | (Daytime Telep | | |
| Enclosed is a check for the | following amount made p | ayable to the Florida | Department of | State: | 47 | |
| ■ \$35 Filing Fee | □\$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee Certified Copy (Additional copy enclosed) | Certi: is Certi: (Add | io Filing Fee ficate of Status fied Copy itional Copy is osed) | 11 No. 11 | |
| Mailing | Addrace | St | reet Address | | | |

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

Street Address
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

| Name of Corporation as currently filed with the Flo | ida Dept. of State) | | |
|---|--|-------------------------|-------------------------|
| Greater Sarasota Chamber of Commerce, Inc. | | | |
| (Document ? | lumber of Corporation (if known) | | |
| Pursuant to the provisions of section 617.1006, Florida 5 amendment(s) to its Articles of Incorporation: | tatutes, this Florida Not For Profit C | orporation adopts the | following |
| A. If amending name, enter the new name of the cor | ooration: | | |
| | | | The new |
| name must be distinguishable and contain the word "co. "Company" or "Co." may not be used in the name. | poration" or "incorporated" or the a | bbreviation "Corp." c | or "Inc." |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR | <u>ESS</u>) | | |
| | | | |
| | | <u> </u> | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX | | | |
| 11 | | <u></u> | |
| | | | |
| D. If amending the registered agent and/or registere | office address in Florida, enter the | name of the | |
| new registered agent and/or the new registered of | | name or me | |
| Name of New Registered Agent: | | | 202 |
| | | | نبئ اجتز |
| | (Florida street | address) | |
| New Registered Office Address: | | ::: | 24 |
| | | , Florida | <u> </u> |
| | (City) | , Florida (Zip Code) | - 21 - ?: |
| New Registered Agent's Signature, if changing Regis | arad Agant | | _ |
| I hereby accept the appointment as registered agent. 1 | un familiar with and accept the obliga | tions of the positión. | |
| | | | |
| - | Signature of New Registered Agen | t, 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 | PT John Do V Mike Jo SV Sally Sr | <u>ones</u> | |
|--|--|---|---|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | Address |
| 1) Change × Add | VP | Edward Hill | 1945 Fruitville Rd. Sarasota, FL 34236 |
| Remove | | | |
| 2) Change Add | <u>VP</u> | Daniel Sidler | 1945 Fruitville Rd. Sarasota, FL 34236 |
| Remove 3) Remove Add Remove | | | |
| 4) Change Add | | | |
| Remove 5) Change Add | | | |
| Remove 6) Change Add | | | |
| E. If amending or adding (attach additional sheet) | | icles, enter change(s) here: (Be specific) | |
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| The date of each amendment(s) adop | tion: | | | if other than the |
| date this document was signed. | | | | |
| Effective date if applicable: 04/18/20 | | | | |
| | | days after amendm | | |
| Note: If the date inserted in this block document's effective date on the Depart | does not meet the ap tment of State's reco | plicable statutory fil ords. | ing requirements, this o | date will not be listed as the |
| Adoption of Amendment(s) | (CHECK ONE |) | | |
| ☐ The amendment(s) was/were adop was/were sufficient for approval. | ted by the members | and the number of v | otes cast for the amend | ment(s) |

•

| Dated | 04/18/2023 |
|---------|--|
| Signatu | رين الميان ا الميان الميان الميا |
| Jighatu | (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) |
| | Heather Kasten |
| | (Typed or printed name of person signing) |

(Title of person signing)