717929

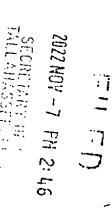
(Requestor's Name)
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(Business Entity Name)
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COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

Greater N NAME OF CORPORATION:	ladison County Chan	nber of Commerc	e Inc		
717929				·	
DOCUMENT NUMBER:					
The enclosed Articles of Amendment and	fee are submitted for	filing.			
Please return all correspondence concernin	g this matter to the fo	ollowing:			
Jennifer Poore, Executive Director					
	(Name of	Contact Person)			
Greater Madison County Chamber of Con	nmerce Inc				
	(Firn	n/ Company)			,
182 NW College Loop, Unit A					
	(.	Address)	-		
Madison, FL 32340					
,	(City/ Sta	te and Zip Code))		
jennifer@madisonfl.org					
E-mail address:	(to be used for future	annual report no	otification	1)	
For further information concerning this ma	atter, please call:				
Jennifer Poore		850 at		973-2788	
(Name of Con	tact Person)		a Code)	(Daytime Telep	hone Number)
Enclosed is a check for the following amor	unt made payable to t	he Florida Depar	tment of	State:	
X \$35 Filing Fee □\$43.75 Fili Certificate	of Status Certific	d Copy onal copy is	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)	
<u>Mailing Address</u> Amendment Section		Street A Amenda	address nent Secti	on	

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of



Greater Madison County Chamber of Commerce Inc

(Name of Corporation as currently filed with the 717929	Piorida Dept. of Stat	<u>e)</u>	
(Docum	ent Number of Corpora	ation (if known)	
Pursuant to the provisions of section 617,1006, Flor amendment(s) to its Articles of Incorporation:	rida Statutes, this <i>Floria</i>	da Not For Profit Corporation adopt	s the following
A. If amending name, enter the new name of the	corporation:		
Madison County Chamber of Commerce Inc			The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name	"corporation" or "inc !-	orporated" or the abbreviation "Cor	rp." or "Inc."
B. Enter new principal office address, if applical (Principal office address <u>MUST BE A STREET A.</u>	ble: DDRESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I D. If amending the registered agent and/or regis		n Florida, enter the name of the	
new registered agent and/or the new register			
Name of New Registered Agent:	Jennifer Poore, Execu	tive Director	
	182 NW College Loop	o. Unit A	
New Registered Office Address:		(Florida street address)	
	Madison	, Florida	340
	(City)	(Zip Code	e)
New Registered Agent's Signature, if changing F I hereby accept the appointment as registered agen		and accept the obligations of the posit	tion.
_	Jenni	JOU POOL Joy 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 = Chiej 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 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 So	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>Chair</u>	Mickie Salter	182 NW College Loop, Unit A Madison, FL 32340
Remove			
2) Change Add	Treasure	Byron Poore	182 NW College Loop, Unit A Madison, FL 32340
Remove 3) Change Add Remove	Treasure	Pam Schoelles	182 NW College Loop, Unit A Madison, FL 32340
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addir (attach additional sheet) Name change under Item	ets, if necessary).	icles, enter change(s) here: (Be specific)	
			

10/24/2022
The date of each amendment(s) adoption: 10/24/2022
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 does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
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.

he chairman or vice chairman of the board, president or other officer-if directors e not been selected, by an incorporator – if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)
e not been selected, by an incorporator – if in the hands of a receiver, trustee, or
Aickie Salter
(Typed or printed name of person signing)
Chair