## 727/83

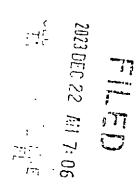
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## **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

| BLARES OF CORNOR AMON                         | nore Chamber of Commerce  | • • • • • •                       |   |
|---|---|-----------------------------------|---|
| DOCUMENT NUMBER:                              |   |                                   |   |
|   |   |                                   |   |
| The enclosed Articles of Amendment and        | I fee are submitted for filing                                      | -                                 |   |
| Please return all correspondence concern      | ing this matter to the follow                                       | ing:                              |   |
| Melanic Davis                                 |   |                                   |   |
|   | (Name of Con  | act Person)                       |   |
| SouthShore Chamber of Commerce                |   |                                   |   |
|   | (Firm/ Co   | npany)                            |   |
| 201 W. Shell Point Rd.                        |   |                                   |   |
|   | (Addr   | ess)                              |   |
| Ruskin, Florida 33570                         |   |                                   |   |
|   | (City/ State an   | d Zip Code)                       |   |
| melanic@southshorechamberofcommerce           | c.org   |                                   |   |
| E-mail address                                | to be used for future ann   | al report notification            | on)   |
| For further information concerning this m     | atter, please call:   |                                   |   |
| Melanic Davis                                 |   | 813                               | 455-1968  |
| (Name of Co                                   | ntact Person)   | (Area Code)                       | (Daytime Telephone Number)  |
| Enclosed is a check for the following amo     | unt made payable to the FI  | orida Department o                | State:  |
| ■ \$35 Filing Fee □\$43.75 Fil<br>Certificate | ing Fee & S43.75 Filin of Status Certified Co (Additional enclosed) | py Certi<br>copy is Certi<br>(Add | 50 Filing Fee<br>ficate of Status<br>fied Copy<br>itional Copy is<br>losed) |
| Mantes Addisso                                |   | Circuit 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

FILED 2023 DEC 22 AH 7: 06

| Name of Corporation as currently filed with the l  | florida Dept. of State)           |   |
|--|-----------------------------------|---|
| SouthShore Chamber of Commerce, Inc.   |                                   |   |
| (Docume)   | nt Number of Corporation (if kno  | un)                                     |
| Pursuant to the provisions of section 617,1006, Floric<br>imendment(s) to its Articles of Incorporation: | la Statutes, this Florida Not For | Profit Corporation adopts the following |
| A. If amending name, enter the new name of the   | corporation:                      |   |
| Greater SouthShore Chamber of Commerce , Inc   | •                                 | The new                                 |
| name must be distinguishable and contain the word."<br>"Company" or "Co." may not be used in the name.   | 'corporation" or "incorporated"   | or the abbreviation "Corp," or "Inc."   |
| B. Enter new principal office address, if applicable   | le:                               |   |
| Principal office address MUST BE A STREET AD   |                                   |   |
|  |                                   |   |
|  | <del></del>                       |   |
| . Enter new mailing address, if applicable;  |                                   |   |
| (Mailing address MAY BE A POST OFFICE B  | <u>(7.X</u> ) <u>n/a</u>          |   |
|  |                                   |   |
|  |                                   |   |
|  |                                   |   |
| . If amending the registered agent and/or regist   | ered office address in Florida,   | enter the name of the                   |
| new registered agent and/or the new registered   | d office address:                 |   |
| Name of New Registered Agent:  | √a<br>                            |   |
|  |                                   |   |
| -  | (Flo                              | rida street address)                    |
| New Registered Office Address:   |                                   |   |
| _  | <u>Na</u>                         | . Florida                               |
|  | (City)                            | (Zip Code)                              |
| ew Registered Agent's Signature, if changing Ro  | egistered Agent:                  |   |
| hereby accept the appointment as registered agent.   |                                   | the obligations of the position.        |
|  | NIA                               |   |
| <del></del>  | Signature of New Popiet           | and Ament 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 Doc 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 Doc, 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 De           V         Mike Jo           SV         Şally Sr | nes                                       |         |
|---|--|---|---------|
| Type of Action<br>(Check One)                       | Title  | <u>Name</u>                               | Address |
| 1) Change Add                                       |  | NA  |         |
| Remove  |  |   |         |
| 2) Change Add                                       |  |   |         |
| Remove 3 ) Change Add Remove                        |  |   |         |
| 4) Change Add                                       |  |   |         |
| Remove  |  |   |         |
| 5) Change Add                                       |  |   |         |
| Remove  |  |   |         |
| 6) Change<br>Add                                    | <del></del>  |   |         |
| Remove  |  |   |         |
| E. If amending or addin<br>(attach additional sheet |  | cles, enter change(s) here: (Be specific) |         |
|   | (  | 1/2                                       |         |
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| Che date of each amandanatics and October 19, 2023   |  |
| The date of each amendment(s) adoption: Course 19, 2023 late this document was signed.   | , if other than the                      |
| N. a. ambar 15 - 2022  |  |
| Hective date if applicable: (no more than 40 days after amendment file date)   |  |
| ote: If the date inserted in this block does not meet the applicable statutory filing requirement seament's effective date on the Department of State's records. | nts, this date will not be listed as the |
| doption of Amendment(s) (CHECK ONE)  | _  |
|  |  |
| The amendment(s) was/were adopted by the members and the number of votes east for the was/were sufficient for approval.  | e amendment(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 10/24/2023 Signature Town Mallagar   |
|   | (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) |
|   | Ray Monahan  |
|   | (Typed or printed name of person signing)  |
|   | Chamber President  |
|   | (Title of person signing)  |



## FLORIDA DEPARTMENT OF STATE Division of Corporations

December 27, 2023

MELANIE DAVIS 201 W. SHELL POINT RD. RUSKIN. FL 33579

SUBJECT: SOUTHSHORE CHAMBER OF COMMERCE, INC.

Ref. Number: 727183

We have received your document for SOUTHSHORE CHAMBER OF COMMERCE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler Regulatory Specialist II

Letter Number: 223A00029328

www.sunbiz.org

Please Find paperwork
attached indicating
"Inc" after name change.



November 7, 2023

MELANIE DAVIS 201 W. SHELL POINT RD. RUSKIN, FL 33570

SUBJECT: SOUTHSHORE CHAMBER OF COMMERCE, INC.

Ref. Number: 727183

We have received your document for SOUTHSHORE CHAMBER OF COMMERCE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If the corporation is a <u>NOT FOR PROFIT</u> corporation it must be signed 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.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler Regulatory Specialist II

Letter Number: 223A00025896