## 732769

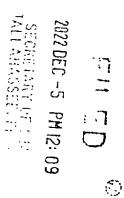
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## **COVER LETTER**

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations GREATER SUNRISE CHAMBER OF COMMERCE, INC. NAME OF CORPORATION: \_ 732769 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: LAURYN CHARLES (Name of Contact Person) ACCOUNTABLE FINANCIAL SERVICES GROUP, INC. (Firm/ Company) 461 E HILLSBORO BLVD SUITE 200 (Address) DEERFIELD BEACH, FL 33441 (City/ State and Zip Code) ANNUALREPORTS@AFSGCONSULTING.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LAURYN CHARLES 933-1558 (Name of Contact Person) (Area Code) (Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

2022 DEC -5 PH 12: 07

GREATER SUNRISE CHAMBER OF COMMERCE, INC.

(Name of Corporation as currently filed with the Flori	da Dept, of State)	
732769		
(Document Nu	ımber of Corporation (if k	unown)
Pursuant to the provisions of section 617.1006, Florida Sta amendment(s) to its Articles of Incorporation:	atutes, this Florida Not F	or Profit Corporation adopts the following
A. If amending name, enter the new name of the corpo	oration:	
		The new
name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name.	oration" or "incorporate	d" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRE</u>	<u>(SS</u> )	
	<del></del> ,	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u> )		
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi	office address in Florida	enter the name of the
new registered agent and/of the new registered on	ce address.	
Name of New Registered Agent:	<del></del>	
New Registered Office Address:	ı F	lorida street address)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registe	red Agent	
I hereby accept the appointment as registered agent. I am	rea Agent. n familiar with and accept	t the obligations of the position.
	•	· ,
	Signature of New Regis.	tered 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.

Example:  X Change X Remove X Add	PT         John D           V         Mike John S           SV         Sally S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1)Change Add	TREASU	JOANNE STANLEY	PO 451791 SUNRISE, FL 33345-1791
<u>×</u> Remove			
2) Change Add	<u>VC</u>	DON FALLENBAUM	PO 451791 SUNRISE, FL 33345-1791
X Remove 3 ) X Change Add Remove	<u>VC</u>	MARCUS AMOS	2515 NW 49TH TERRACE COCONUT CREEK, FL 33063
4) <u>×</u> Change Add	<u>PAST C</u>	VIVI ASSIDON	PO 450716 SUNRISE, FL 33345
Remove			
5) Change Add	<u>T</u>	LUCIA RAMIREZ	2955 NW 126 AVE #318 SUNRISE, FL 33323
Remove			
6) Change Add	<u>C</u>	ROSA ILEANA BRITO	2705 NW 104TH AVE APT 401 SUNRISE, FL 33322
Remove			
E. <u>If amending or addit</u> (attach additional shed	ng additional Art ets, if necessary).	icles, enter change(s) here: (Be specific)	·
·	<del></del>		
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The date of each amendment(s) adoption date this document was signed.	:			, if other than the
Effective date if applicable:				
(	no more than 90 days o	ifter amendment file	date)	
Note: If the date inserted in this block does document's effective date on the Department	s not meet the applicable of State's records.	le statutory filing rec	juirements, this date wi	Il not be listed as the
Adoption of Amendment(s)	(CHECK ONE)			

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

Dated	11/18/2022
	-A - 1
Signatu	
	(By the chairman or vice chairman of the board, president or other officer-if director have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	BRIAN FEUER
	(Typed or printed name of person signing)