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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Oviedo Winter Spr	rings Regional Chamber	of Commerce		
DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are su	bmitted for filing.			
Please return all correspondence concerning this ma	tter to the following:			
Roxane Ferguson				
	(Name of Contact Per	son)		
Oviedo Winter Springs Regional Chamber of Comm	nerce			
	(Firm/ Company)			
1511 East State Road 434, suite 1009				207
	(Address)		,	2022 AUG 3
Winter Springs, FL 32708			<u>:</u>	် <u>ပ</u> <u>ဒ</u>
	(City/ State and Zip C	ode)	,) (1
rferguson@owsrcc.org				AH 8:
E-mail address: (to be use	ed for future annual repo	ort notification)		2
For further information concerning this matter, pleas	se call:			
	at			
(Name of Contact Perso	n) (Area Code) (Daytime T	elephone Nu	mber)
Enclosed is a check for the following amount made p	payable to the Florida D	epartment of State:		
☐ \$35 Filing Fee	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Ame Divi The	et Address endment Section sion of Corporations Centre of Tallahassee 5 N. Monroe Street, Suit	e 810	

Tallahassee, FL 32303

Articles of Amendment

Articles of Incorporation

(Document)	Number of Corporation (if known	own)		
,				
Pursuant to the provisions of section 617.1006, Florida Samendment(s) to its Articles of Incorporation:	Statutes, this <i>Florida Not For</i>	Profit Corporation adopts	the followit	ng
A. If amending name, enter the new name of the cor	poration:			
			The ne	11'
name must be distinguishable and contain the word "co." "Company" or "Co." may not be used in the name.	rporation" or "incorporated"	or the abbreviation "Corp"	." or "Inc."	
B. Enter new principal office address, if applicable:		4.04.89	<u>-</u>	_
Principal office address <u>MUST BE A STREET ADDR</u>	<u></u>)			
	_			
Enter new mailing address, if applicable:	.,		202	
(Mailing address MAY BE A POST OFFICE BOX	/ 			
			— je ;	
			<u> </u>	' '
). If amending the registered agent and/or registere	d office address in Morida	enter the name of the		. 1
new registered agent and/or the new registered of	ffice address:		ထ္	
		-:	<u> </u>	
Name of New Registered Agem.				_
	(Flo	rida street address)	 	_
New Registered Office Address:				
		, Florida		_
	(City)	(Zip Code)		

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		<u>Doe</u> <u>Jones</u> <u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add X Remove	<u>S</u>	Tavo Mendez	7131 Red Bug Lake Road Oviedo, FL 32765
2) Change	<u>s</u>	Marianne Joseph	555 West State Road- Longwood, FL 32750
Remove 3) Remove Add x Remove	<u>T</u>	Philip Kaprow	800 North Magnolia Ave. 1500 Orlando, FL 32803 1/2.
4) × Change Add	<u>TCE</u>	Kinsley Elfand	1227 East Broadway Street, 191 Oviedo, FL 32765
Remove 5) Change Add			
Remove 6) Change Add Remove			
E. If amending or add (attach additional she		rticles, enter change(s) here: . (Be specific)	
		ary and Marianne Joseph will be replacing hi	
			

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The date of each amendment(s) adop	otion:				, 11 Out	er man me
date this document was signed.						
Effective date if applicables						
Effective date if applicable:	(no more than 90	days after ame	ndment file date)	_		
	`					
Note: If the date inserted in this block document's effective date on the Depart	does not meet the appropriate of State's record	plicable statutor rds.	ry filing requireme	nts, this date will no	t be listed	l as the
Adoption of Amendment(s)	(CHECK ONE)					
☐ The amendment(s) was/were ador was/were sufficient for approval.	nted by the members a	and the number	of votes east for th	e amendment(s)		

adopted by the board Dated Signature	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
O	Roxane Ferguson
	(Typed or printed name of person signing)
	President
	(Title of person signing)

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