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June 14, 2000

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Secretary of State Division of Corporations Florida Department of State P.O. Box 6327 Tallahassee, Florida 32314

Re: Articles of Amendment: DAVIS ISLANDS BUSINESS ALLIANCE, INC.

Dear Sir/Madam:

Enclosed please find the following:

- 1. One original and a copy of the Articles of Amendment of the above referenced Not For Profit Corporation.
- 2. A check in the amount of \$35.00 made payable to the Secretary of State to cover the appropriate filing fees.

Please file the Articles of Amendment and return to the undersigned a copy of the Articles of Amendment marked filed by your office.

If you have any questions whatsoever, please do not hesitate to contact the undersigned. Thank you in advance for your cooperation.

Sincerely,

JEM

Enclosures: Articles of Amendment, Check 35.00

Janey Maiello Legal Assistant

234 East Davis Boulevard Tampa, Florida 33606 Voice813.251.3330 • FAX 813.251.3841 EMail SFBarnett@aol.com

ARTICLES OF AMENDMENT of DAVIS ISLANDS BUSINESS ALLIANCE, INC. (the Non-Profit "Corporation")

ARTICLE I NAME OF NON-PROFIT CORPORATION

The name of this non-profit corporation is: DAVIS ISLANDS BUSINESS ALLIANCE, INC.

ARTICLE II CHANGE OF NAME

Article I of the Articles of Incorporation of the Non-Profit Corporation is hereby amended to read as follows:

The name of this corporation shall be: DAVIS ISLANDS CHAMBER OF COMMERCE, INC.

This amendment shall be effective as of the 19 May, 2000.

ARTICLE III CONFIRMATION AND RATIFICATION

The Articles of Incorporation of the Non-Profit Corporation are hereby ratified and confirmed in all respects not otherwise amended herein.

ARTICLE IV APPROVAL

and by all of its directors on the Articles of Incorporation, 2000. IN WITNESS WHEREOF, the undersigned officer of the Non-Profit Corporation has executed and files this Amendment to the Articles of Incorporation.	t visi seen www.s. tv
Dated this 19 day of	: 3 F

STATE OF FLORIDA)
COUNTY OF HILLSBORG	OUGH)
THE FOREGOIN has produced oath.	G INSTRUMENT was acknowledged before me this \(\begin{aligned} \begin{aligned} \text{day} & \text{of} \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	Allie M. Brito
	Twie M. Brito (Printed Name of Notary)
My Commission Expires:	# 594512 (Serial Number, if any)
ANY PARTITION TO THE MARRIED TO	