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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CO	RPORATION: TAMPA BAY E	BLACK HERITAGE FO	UNDATION, INC.
DOCUMENT 1	NUMBER: <u>N01000004528</u>		
The enclosed A	rticles of Amendment and fee are sub	omitted for filing.	
Please return all	correspondence concerning this matt	ter to the following:	
_	KEN	ANTHONY	
	(Name of	Contact Person)	
	TAMPA BAY BLACK HE	ERITAGE FOUNDATION, I	NC.
	(Firm	/ Company)	
_	PO B	3OX 16622	
	(/	Address)	
_	TAMPA, F	FL 33687-6682	
	(City/ Stat	te and Zip Code)	
_	Kers. Anthon 1. BX ( E-mail address: (to be use	Sa State Envisor	1
For further info	rmation concerning this matter, please	-	· ·
	- "-		, production production production
Hero!	Name of Contact Person)	at (813 ) 251-	7898
1)	Name of Contact Person)	(Area Code & Dayti	me Telephone Number)
Enclosed is a ch	eck for the following amount made p	ayable to the Florida Departmen	at of State:
☑\$35 Filing Fe	Certificate of Status	□ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporati Clifton Building 2661 Executive Cente Tallahassee, FL 3230	er Circle

## **Articles of Amendment** to **Articles of Incorporation** of

FILED
2009 AUG -7 PM 2: 58
SECRETARY OF THE

TAMPA BAY BLACK HERITAGE FOUNDATION, INC. LAHAS SEE, FLORIDA

## N01000004528

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts

the following amendment(s) to its Articles of Incorporation:	
A. If amending name, enter the new name of the corporation:	

TAMPA BAY BLACK HERITAGE FESTIVAL, INC.

The new name must be distinguishable and coabbreviation "Corp." or "Inc." <u>"Company" or</u>		
B. Enter new principal office address, if appl (Principal office address <u>MUST BE A STREE</u> )		
C. Enter new mailing address if applicables	· 	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC		
D. If amending the registered agent and/or renew registered agent and/or the new regis		a, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
-	(City)	, Florida (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New 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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Remove
E. If amer	nding or adding additional Anadditional Anadditional sheets, if necessary)	rticles, enter change(s) here: . (Be specific)	
	<u> </u>		
		,	

The date of each amendment(s) adoption:
n   j   fdgje of adoption is required)
Effective date if applicable: (no more than 90 days after amendment file date)
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.
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 8/4/09
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 other court appointed fiduciary by that fiduciary)
(Typed or printed name of person signing)
(Title of person signing)

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