

N02000004330

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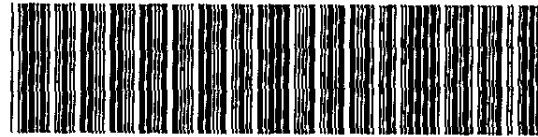
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TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: The Heart of East Tampa Revitalization Council, Inc.

DOCUMENT NUMBER: 1102000004330

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Grace Miranda
(Name of Contact Person)

The Heart of East Tampa Revitalization Council, Inc.
(Firm/ Company)

P.O. Box 340343
(Address)

Tampa FL 33694
(City/ State/ and Zip Code)

For further information concerning this matter, please call:

Grace Miranda at (813) 251-5402 ext. 102
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|--|
| ☒ \$35 Filing Fee | ☐ \$43.75 Filing Fee &
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Certificate of Status
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is enclosed) |
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Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

The Heart of East Tampa Revitalization Council, Inc
(Name of corporation as currently filed with the Florida Dept. of State)

(Document number of corporation (if known))

The Heart of East Tampa Front Porch Council, Inc.

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TALLAHASSEE, FLORIDA

(Attach additional pages if necessary)
(continued)

The date of adoption of the amendment(s) was: May 04, 2005

Effective date if applicable: July 04, 2005
(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 was sufficient for approval.
- ☐ There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.

Signed this 15th day of September, 2005.

Signature Grace Miranda

(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.)

Grace Miranda

(Typed or printed name of person signing)

Chairperson

(Title of person signing)

FILING FEE: \$35