N03000000199

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(20011000 21111), (211110)
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Certified Copies Certificates of Status
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Special Instructions to Filing Officer:
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DIVISIONE OF CORPORATIONS
DIVISION OF AUG 31 AM II: 23

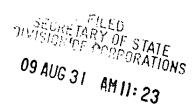
T Roberts SEP 0 4 2009

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: South Florida	Chapte	r of ACHMM, Inc	C
DOCUMENT NUMI	BER: N0300000199			
The enclosed Articles	of Amendment and fee are sul	bmitted for	filing.	
Please return all corre	spondence concerning this mat	tter to the f	ollowing:	
		k T. Hoov		
	(Name of	f Contact P	'erson)	
·	South Florida C	hapter of	ACHMM, Inc.	
	(Firm	n/ Compan	у)	
	4065 NORTH HAVERH	IILL RD.	SUITE B-3, BOX 3	16
	(,	Address)		
	WEST PALM	1 BEACH	FI 33417	
		te and Zip		
	mhoover@ E-mail address: (to be use			ation)
For further informatio	n concerning this matter, pleas	e call:		
Mark T. Hoover		at (954) 931-027	7
(Name	of Contact Person)		(Area Code & Daytir	me Telephone Number)
Enclosed is a check fo	r the following amount made p	payable to	the Florida Department	t of State:
\$35 Filing Fee	□ \$43.75 Filing Fee & Certificate of Status	Certif	3.75 Filing Fee & ied Copy tional copy is sed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	g Address Iment Section		Street Address Amendment Section	,
Divisio	on of Corporations		Division of Corporation	ons
P.O. Box 6327 Tallahassee, FL 32314			Clifton Building 2661 Executive Center	· Circle

Tallahassee, FL 32301



Articles of Amendment Articles of Incorporation

SOUTH FLORIDA CHAPTER OF ACHIVIIVI, INCORPORATED	
(Name of Corporation as currently filed with the Florida Dept. of State)	
N0300000199	
(Document Number of Corporation (if known)	

South Florida Chapter of the Allia	ance of Hazardous Materials	Professionals, Inc.
e new name must be distinguishable and breviation "Corp." or "Inc." <u>"Company</u>		
Enter new principal office address, if a incipal office address <u>MUST BE A STR.</u>		
Enter now weiling address if applied		
Enter new mailing address, if applical (Mailing address MAY BE A POST OF		
If amending the registered agent and/o new registered agent and/or the new re		rida, enter the name of the
		rida, enter the name of the
new registered agent and/or the new re	egistered office address:	
<u>Name of New Registered Agent:</u>	egistered office address: (Florida street addre (City)	ss) , Florida (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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
*****			 -
			☐ Add
E. If amend	ling or adding additional Ar dditional sheets, if necessary).	(Be specific)	

The date of each amendment	(s) adoption: June 24, 2009
Effective date <u>if applicable</u> :	(date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we was/were sufficient for app	re adopted by the members and the number of votes cast for the amendment(s) roval.
There are no members or adopted by the board of dir	nembers entitled to vote on the amendment(s). The amendment(s) was/were sectors.
Dated	6/27/09
Signature	Mars 9.7/h
hav	the chairman or vice chairman of the board, president or other officer-if directors enot been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)
	Mark T. Hoover
	(Typed or printed name of person signing)
	President
	(Title of person signing)