

NO3000DOP386

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

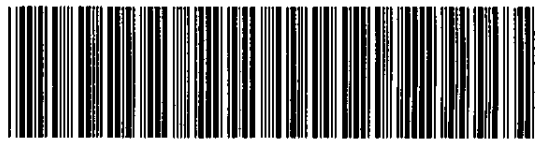
(Business Entity Name)

(Document Number)

Certified Copies ☒ Certificates of Status ☐

Special Instructions to Filing Officer:

Office Use Only



500137839445

11/14/08--01036--020 **43.75

Amend M

RECEIVED
CLERK OF SUPERIOR COURT
JANUARY 14, 2009

08 NOV 26 PM 4:20

FILED

T. Roberts NOV 24 2008



We Speak Business sm

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

Attention: Tina Roberts

Dear Ms. Roberts:

Please file the enclosed Amendment to the Articles of Incorporation and return a certified copy of this filing to 850 NW Federal Highway, Stuart, FL 34994.

You have already received our check for \$43.75 for the \$35.00 filing fee and the \$8.75 certified copy fee.

If there are any questions, our contact phone number is 772-403-8146.

Thank you for your assistance.

Sincerely,

Bobby Rodriguez, CEO
Latin Chamber of Commerce of the Treasure Coast, Inc.

RECEIVED

200 NOV 24 AM 3:00

SECRETARY
TALLAHASSEE, FL

Web: www.latinchambertc.com Email: info@latinchambertc.com

Office Address: 850 NW Federal Highway, Stuart, FL 34994

Mailing Address: PO Box 9526, Port St Lucie, FL 34985

Office: 772-403-8146 / 772-336-7929

Fax: 772-403-8157

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Latin Chamber of Commerce Treasure Coast, Inc.

DOCUMENT NUMBER: N03000008386

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

Please return all correspondence concerning this matter to the following:

Bobby Rodriguez

(Name of Contact Person)

Latin Chamber of Commerce

(Firm/ Company)

850 NW Federal Highway

(Address)

Stuart, FL 34994

(City/ State and Zip Code)

For further information concerning this matter, please call:

Bobby Rodriguez

(Name of Contact Person)

at (772) 403-8146

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &
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 Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

FILED

08 NOV 24 PM 4:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Latin Chamber of Commerce Treasure Coast, Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)

N03000008386

(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:

Latin Chamber of Commerce of the Treasure Coast, Inc.

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

850 NW Federal Highway

Stuart, FL 34994

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

Bobby Rodriguez

New Registered Office Address:

850 NW Federal Highway

(Florida street address)

Stuart

(City)

Florida 34994

(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.

X 
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>	<u>Type of Action</u>
<u>P</u>	<u>Lillian Rodriguez</u>	<u>PO Box 9526</u> <u>Port St Lucie, FL 34985</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>Chair</u>	<u>Andres Velez</u>	<u>3295 S. US 1</u> <u>Fort Pierce, FL 34982</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>Rec. S</u>	<u>Johanna Mabee</u>	<u>1600 NE Dixie Highway</u> <u>Jensen Beach, FL 34957</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

The date of each amendment(s) adoption: October 29, 2008

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 October 29, 2008

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)

Johanna Mabee

(Typed or printed name of person signing)

Recording Secretary

(Title of person signing)