

N03000 009 732

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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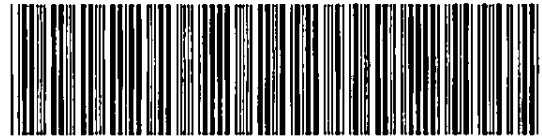
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: CHAMBER COURT PROFESSIONAL BUILDING, INC

DOCUMENT NUMBER: N0300009732

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

Please return all correspondence concerning this matter to the following:

Rosa Liu
(Name of Contact Person)

Chamber Court Professional
(Firm/ Company)

12959 Palms West Drive #120
(Address)

Loxohatchee FL 33470
(City/ State and Zip Code)

rlcighliu@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rosa Liu at 904-358-7672
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

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

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status
Previously
paid | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

CHAMBER WORK PROFESSIONAL BUILDING INC
(Name of Corporation as currently filed with the Florida Dept. of State)
NO3060009732
(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:

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)

150 SW chamber ct
ST 209
PORT ST LUCIE FL 34986

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

150 SW chamber ct
ST 209
PORT ST LUCIE FL 34986

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: Robert Grodick
150 SW chamber ct ST 209 PORT ST LUCIE FL 34986
(Florida street address)
New Registered Office Address:
PORT ST LUCIE, Florida 34986
(City) (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.

Robert Grodick
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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer, CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

<input checked="" type="checkbox"/> Change	PT	John Doe
<input checked="" type="checkbox"/> Remove	V	Mike Jones
<input checked="" type="checkbox"/> Add	SV	Sally Smith

Type of Action
(Check One)

Title

Name

Address

- | | | | |
|--|----|-----------------|---|
| 1) <input type="checkbox"/> Change
<input type="checkbox"/> Add

<input checked="" type="checkbox"/> Remove | DP | Dave Monani | 150 SW Chamber St 205
Port St Lucie FL 34986 |
| 2) <input checked="" type="checkbox"/> Change
<input type="checkbox"/> Add

<input type="checkbox"/> Remove | T | Rosa Liu | 12959 Palms West Drive St 120
Loxahatchee FL 33470 |
| 3) <input type="checkbox"/> Change
<input checked="" type="checkbox"/> Add
<input type="checkbox"/> Remove | P | Robert Grodelle | 150 SW Chamber St
St 205
Port St Lucie FL 34986 |
| 4) <input type="checkbox"/> Change
<input type="checkbox"/> Add

<input type="checkbox"/> Remove | | | |
| 5) <input type="checkbox"/> Change
<input type="checkbox"/> Add

<input type="checkbox"/> Remove | | | |
| 6) <input type="checkbox"/> Change
<input type="checkbox"/> Add

<input type="checkbox"/> Remove | | | |

Page 2 of 4

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

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

The date of each amendment(s) adoption: 11/20/2019, if other than the date this document was signed.

Effective date if applicable: 11/20/2019 or today
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 11-20-2019

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)

ROSA LIU
(Typed or printed name of person signing)

Treasurer
(Title of person signing)