

N04 000000 1429

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

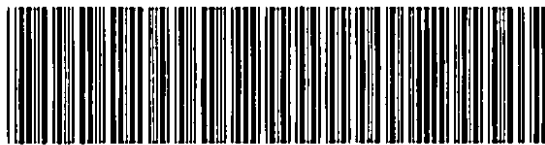
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2022 MAR -3 PM 4:37

SECRETARY OF STATE
TALLAHASSEE, FL

cf 3/1/2022

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: The Immokalee Chamber of Commerce, Inc.

DOCUMENT NUMBER: NO 4000001429

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

Please return all correspondence concerning this matter to the following:

Cherryle Thomas or Alex Lubin

(Name of Contact Person)

Redemption Accounting Prof, Inc.

(Firm/ Company)

5251 Golden Gate PKwy Suite # G

(Address)

Naples, Florida 34116

(City/ State and Zip Code)

Alex.redemption1@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alex Lubin

(Name of Contact Person)

at 239 821-3547

(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 type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2022 MAR -3 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FL

February 11, 2022

CHERRYLE THOMAS
5072 ANNUNCIATION CIRCLE
SUITE 327
AVE MARIA, FL 34142

SUBJECT: THE IMMOKALEE CHAMBER OF COMMERCE, INC.
Ref. Number: N04000001429

We have received your document for THE IMMOKALEE CHAMBER OF COMMERCE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

You can check only one (1) box regarding the adoption of amendment.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 722A00003457

Articles of Amendment
to
Articles of Incorporation
of

The Immokalee Chamber of Commerce, Inc
(Name of Corporation as currently filed with the Florida Dept. of State)

NO4000001429

(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 Immokalee Eastern Chamber of Commerce, 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)

5072 ANNUNCIATION Circle
Suite # 327
Ave MARIA, Florida 34142

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5072 ANNUNCIATION Circle
Suite # 27
Ave MARIA, Florida 34142

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:

N/A

(Florida street address)

New Registered Office Address:

5072 ANNUNCIATION Circle, Suite, #327
Ave MARIA Florida 34142
(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.

Signature of New Registered Agent, if changing

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TALLAHASSEE, FL

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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:

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
<u>X</u> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>T</u>	<u>Estil Null</u>	<u>706 Jefferson</u> <u>Immokalee</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>CFO</u>	<u>Alex Lubin</u>	<u>5251 Golden Gate Pk</u> <u>Suite # 6 Naples, Fl. 3411</u> <u>1255 N 15th Street</u> <u>Suite # 3</u> <u>Immokalee, Fl. 34142</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>OLESKY, Edward</u>	<u>5781 Lee Blvd, Suite 208/6</u> <u>Lehigh Acres, Florida 339</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Melissa Silva</u>	
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			

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

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

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

12/15/2021

Signature

Danny Gonzalez

(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)

DANNY GONZALEZ

(Typed or printed name of person signing)

President

(Title of person signing)