N05000001467

(Re	questor's Name)	
(Ad	dress)	
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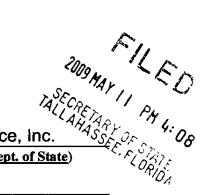
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Greater Brons	on Area	Chamber of	Commerce, Inc.
DOCUMENT NUM	BER: N05000007467			*
The enclosed Articles	s of Amendment and fee are sub	omitted for	filing.	
Please return all corre	espondence concerning this mat	ter to the fo	ollowing:	
		bbie Mille		Make also be a second
	(Name of	Contact Pe	erson)	
, 	Greater Bronson Area			Inc.
	(Firm	n/ Company	')	
•	PO	Box 616		
	(4	Address)		
	Brons	on, FI 326	621	
	(City/ Sta	te and Zip	Code)	
	debbierays E-mail address: (to be use			fication)
For further information	on concerning this matter, pleas	e call:		
Debbie Miller		at (352) 577-4	369
(Name	of Contact Person)		(Area Code & Day	369 ytime Telephone Number)
Enclosed is a check f	or the following amount made p	ayable to t	he Florida Departm	ent of State:
□\$35 Filing Fee		Certifi	.75 Filing Fee & ed Copy ional copy is sed)	□ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amer Divis P.O.	ing Address indment Section ion of Corporations Box 6327 hassee, FL 32314		Amendment Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	ations nter Circle

Articles of Amendment . to Articles of Incorporation of



Greater Bronson Area Chamber of Commerce, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)
N0500007467

(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:

he new name must be distinguishable an bbreviation "Corp." or " Inc." <u>"Compan</u>			
. Enter new principal office address, if Principal office address <u>MUST BE A STI</u>			
Enter new mailing address, if application (Mailing address MAY BE A POST Of			
If amending the registered agent and new registered agent and/or the new to Name of New Registered Agent:			enter the name of the
	registered office add		enter the name of the
new registered agent and/or the new in Name of New Registered Agent:	registered office add	ress:	enter the name of the

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>	Name	Address	Type of Action
<u>VP</u>	Tommy Dunford	13 NE 3rd ST Chiefland, FL 32626	☑ Add ☐ Remove
<u>s</u>	John Meeks	403 N. Hathaway Bronson, Fl 32621	
<u>s</u>	Debbie Miller	9151 NE 102nd CT Bronson, Fl 32621	
	ding or adding additional Articles, ent dditional sheets, if necessary). (Be spe		
T Debt	oie Miller 9151 Ne 102nd Ct Bro	onson Fl 32621	Add -
T Heid	li Sames 810 E. Thrasher Dr. Bi	ronson Fl 32621	Remove

The date of each amendment(s) adoption: April 17th 2009			
Effective date <u>if applicable</u> :	April 17th 2009		
5 8 7 8	(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 dis	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.		
_{Dated} Apri	17th 2009		
Signature	Francise Cudi Co D, President		
hav	the chairman or vice chairman of the board, president or other officer-if directors to not been selected, by an incorporator — if in the hands of a receiver, trustee, of the court appointed fiduciary by that fiduciary)		
	Francine Cindy Camp		
	(Typed or printed name of person signing)		
	President		
	(Title of person signing)		

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