

**N060000004863**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

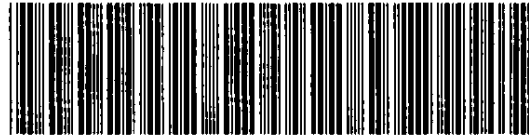
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*Aments*

FILED  
JUL 26 PM 4:24  
TALLAHASSEE, FLORIDA

*Roberts* JUL 26 2010

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** CHAMBER OF COMMERCE 8TH STREET AND LATIN

**DOCUMENT NUMBER:** N0600004863

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

Please return all correspondence concerning this matter to the following:

ELOY APARICIO

(Name of Contact Person)

(Firm/ Company)

1465 SW 8TH STREET #104

(Address)

MIAMI, FLORIDA 33130

(City/ State and Zip Code)

APARICIO@CCC8.ORG

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

For further information concerning this matter, please call:

CALIXTO GARCIA

(Name of Contact Person)

at ( 305 ) 336-1780

(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  
10 JUL 26 PM 4:25  
CLERK OF COURT  
JUL 26 2010

CHAMBER OF COMMERCE 8TH STREET AND LATIN QUARTER MIAMI

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

FLORIDA, INC.

N06000004863

(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)

NA

**C. Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

NA

**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:

NA

New Registered Office Address:

(Florida street address)

NA

Florida

(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

- **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>SEC</u>   | <u>JORDAN EVELYN</u>      | <u>822 SW 8TH ST</u><br><u>MIAMI FL 33130S</u>      | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| <u>TRE</u>   | <u>INES L. BRACERAS</u>   | <u>1246 SW 15 ST.</u><br><u>MIAMI FL 33145</u>      | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| <u>SEC</u>   | <u>ALEJANDRO APARICIO</u> | <u>1535 SW 20 ST APT 2</u><br><u>MIAMI FL 33145</u> | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |

- E. If amending or adding additional Articles, enter change(s) here:**  
(attach additional sheets, if necessary). (Be specific)

THE AGENT SHALL NOT BE ENTITLED TO VOTE.

| <u>Title</u> | <u>Name</u> | <u>Address</u>         | <u>Type of Action</u>                   |
|--------------|-------------|------------------------|---|
| DIR          | ANGEL ZAYON | 525 DESOTO DRIVE       | <input checked="" type="checkbox"/> Add |
|              |             | MIAMI SPRINGS FL 33166 | <input type="checkbox"/> Remove         |
|              |             |                        |   |
|              |             |                        | <input type="checkbox"/> Add            |
|              |             |                        | <input type="checkbox"/> Remove         |
|              |             |                        |   |
|              |             |                        | <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)

2A

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\*The date of each amendment(s) adoption: JUNE 27, 2010

Effective date if applicable: JUNE 27, 2010 *(date of adoption is required)*

*(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 JULY 16, 2010

Signature

Eloy Aparicio

(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)

ELOY APARICIO

(Typed or printed name of person signing)

PD

(Title of person signing)