N0700006520

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Ameral News 6-8-09

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: Weston Busin	ess Ch	amber of Co	mmerce, Inc
DOCUMENT NUN	ивек: <u>N07000006520</u>			
The enclosed Article	es of Amendment and fee are sub	omitted for	r filing.	
Please return all corr	respondence concerning this mat	ter to the f	following:	
		K MILLE		
	(Name of	Contact P	erson)	
	Weston Business C	hamber	of Commerce,	Inc
	(Firm	ı/ Compan	y)	
	P.O. E	3OX 530	879	
	(,	Address)		
	HENDERSO	N NV 89	9053-0879	
	(City/ Sta	te and Zip	Code)	
	JACK@AMER E-mail address: (to be use			tification)
For further informati	on concerning this matter, please	e call:		
JACK MILLER		_ at (_	702) 260	-9425
(Name	e of Contact Person)			Paytime Telephone Number)
Enclosed is a check to	for the following amount made p	ayable to	the Florida Depart	ment of State:
✓ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	Certifi	,	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ling Address ndment Section sion of Corporations Box 6327 hassee, FL 32314		Amendment Sect Division of Corp Clifton Building 2661 Executive C Tallahassee, FL	orations Center Circle

Articles of Amendment Articles of Incorporation of



Weston Business Ch	amber of Commerce, Inc.	TALLAHASSEE. FL
(Name of Corporation as curren	tly filed with the Florida Dept. of S	State)
	00006520	
(Document Numb	per of Corporation (if known)	
Pursuant to the provisions of section 617.1006, F the following amendment(s) to its Articles of Inco		Profit Corporation adopts
A. If amending name, enter the new name of t	the corporation:	
The new name must be distinguishable and con abbreviation "Corp." or "Inc." "Company" or		acorporated" or the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD	cable: 13762 West State	e Road 84, #54_
	Davie, FL 33325	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	P.O. BOX 530879)
	HENDERSON, N	V 89053-0879
D. If amending the registered agent and/or registered agent and/or the new registered.		nter the name of the
Name of New Registered Agent:		<u></u>
_	5051 Lakewood Drive	
New Registered Office Address:	(Florida street address)	
	Cooper City	, Florida_33330
	(City)	(Zip Code)
New Registered Agent's Signature, if changing		
I hereby accept the appointment as registered of	agent. I am familiar with and acc	ept the obligations of the

<u>Ne</u> I h 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>	Address	Type of Action
P	JACK MILLER	P.O. BOX 530879 HENDERSON, NV 89	
			Add Remove
			Add Remove
(atta	ch additional sheets, if necess	al Articles, enter change(s) here: ary). (Be specific) ECTORS TO P.O. BOX 530879 HE	NDERSON, NV 89053
_			
	<u></u>		

The date of each amendment(s) adoption: 5/28/2009		
Effective date if applicable:	5/29/2009	
	(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 di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.	
Dated May	28, 2009	
Signature	Dark Milin	
h(av	the chairman or vice chairman of the board, president or other officer-if directors e not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)	
	JACK MILLER	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

sã.

Page 3 of 3