8PROMON

(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
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SECRETALY OF

-3 PH 2: 32

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R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

DR. PHILLIPS-ME	TROWEST CHAMBER	OF COMMERCE CORP
DOCUMENT NUMBER: N0700009	798	
The enclosed Articles of Amendment and fee are subr	nitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
Migdalia Rosario		
	(Name of Contact Persor)
Chamber		
	(Firm/ Company)	
5850 Lakehurst Dr., Suit	e 1519	
	(Address)	
ORLANDO, FL 32819		
	(City/ State and Zip Code)
dm6555@gmail.c		potition)
For further information concerning this matter, please	•	ionneadon
Dario Marcovigi	407	346 2952 ode & Daytime Telephone Number)
(Name of Contact Person)	(Area Co	ode & Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida Depa	rtment 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	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ussee, FL 32301

Articles of Amendment to Articles of Incorporation of FILED: 14 MAR -3 PH 2:32

Dr. Phillips-Metrowest Cham (Name of Corporation as currently filed with the	ber of Commerce Corp.
(Name of Corporation as currently filed with the	e Florida Dept. of State)
N07000009798	
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Stamendment(s) to its Articles of Incorporation:	tatutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpo	oration:
DR. PHILLIPS CHAMBER O	F COMMERCE, Corp.
name must be distinguishable and contain the word "corp	poration" or "incorporated" or the abbreviation "Corp." or "Inc."
"Company" or "Co." may not be used in the name.	5850 Lakehurst Dr.
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
	Orlando, FL 32819
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi	
Name of New Registered Agent:	
	(Florida street address)
New Registered Office Address:	-
	, Florida
(0	City) (Zip Code)
New Registered Agent's Signature, if changing Registed I hereby accept the appointment as registered agent. I am	ered Agent: m familiar with and accept the obligations of the position.
Signature of 1	New Registered Agent, if changing

Page 1 of 4

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: X Change X Remove X Add	PT V SV	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change Add Remove			
2) Change Add Remove	 		
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

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