

NO 8000008332

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

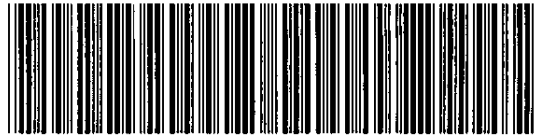
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900151434659

06/04/09--01048--006 **280.00

FILED
09 JUN -2 AM 11:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend
Tellers
6-8-09



since 1989
WestonChamber.com
The Chamber that Means Business™



WESTON AREA CHAMBER OF COMMERCE

1290 Weston Road, # 312 • Weston, Florida 33326

Telephone: (954) 389.0600 – (702) 260.9425 – (954) 384.6133 Fax

Email: jack@westonchamber.com

Website: www.westonchamber.com

May 29, 2009

AMENDMENT SECTION
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

RE: AMENDMENTS OF CORPORATIONS EFFECTIVE MAY 29, 2009

- (1) N08000008332 BROWARD COUNTY BUSINESS CHAMBER OF COMMERCE, INC
- (2) N08000009441 FLORIDA BUSINESS CHAMBER OF COMMERCE, INC
- (3) N08000009115 FORT LAUDERDALE BUSINESS CHAMBER OF COMMERCE, INC
- (4) N08000008207 FT. LAUDERDALE BUSINESS CHAMBER OF COMMERCE, INC
- (5) N08000008439 WESTON AREA BUSINESS CHAMBER OF COMMERCE, INC
- (6) N07000006520 WESTON BUSINESS CHAMBER OF COMMERCE
- (7) N08000002266 WESTON CHAMBER OF COMMERCE, INC

RE: ARTICLES OF DISSOLUTION

- (1) N08000008125 BROWARD COUNTY, COM CHAMBER OF COMMERCE, INC

CHECK FOR \$280.00 \$35 TIMES 8

Sincerely,

Jack Miller, President & CEO

RECEIVED

2009 JUN -2 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Broward County Business Chamber of Commerce, Inc

DOCUMENT NUMBER: N08000008332

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

Please return all correspondence concerning this matter to the following:

JACK MILLER

(Name of Contact Person)

Broward County Business Chamber of Commerce, Inc

(Firm/ Company)

P.O. BOX 530879

(Address)

HENDERSON NV 89053-0879

(City/ State and Zip Code)

JACK@AMERICACHAMBER.COM

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

For further information concerning this matter, please call:

JACK MILLER

(Name of Contact Person)

at (702) 260-9425

(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

Broward County Business Chamber of Commerce, Inc.

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

N08000008332

(Document Number of Corporation (if known))

FILED
09 JUN -2 AM 11:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**)*

13762 West State Road 84, #54

Davie, FL 33325

C. Enter new mailing address, if applicable:
*(Mailing address **MAY BE A POST OFFICE BOX**)*

P.O. BOX 530879

HENDERSON, NV 89053-0879

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:

New Registered Office Address:

5051 Lakewood Drive

(Florida street address)

Cooper City

(City)

Florida 33330

(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

(Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
P	JACK MILLER	P.O. BOX 530879 HENDERSON, NV 89053	<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

CHANGE ADDRESS OF DIRECTORS TO P.O. BOX 530879 HENDERSON, NV 89053

[illegible]

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/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 May 28, 2009

Signature Jack Miller
(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)

JACK MILLER

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)