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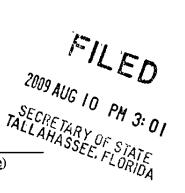
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#### **COVER LETTER**

**TO:** Antendment Section Division of Corporations

NAME OF CORPO	RATION: SunCoast Cha	mber of C	ommerce I	nc.	
DOCUMENT NUM	BER: N09000000002				
The enclosed Articles	of Amendment and fee are sub	mitted for filir	ıg.		
Please return all corre	spondence concerning this matt	er to the follow	wing:		
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	(Name of	Contact Perso	n)		
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For further information	on concerning this matter, please	e call:			
Carolyn Ford		at ( 85	60 <sub>)</sub> 856-5	025	
(Name	of Contact Person)	(A	rea Code & Da	ytime Telephone N	umber)
Enclosed is a check for	or the following amount made p	ayable to the I	Florida Departm	ent of State:	
□ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	Certified ( (Additional enclosed)	al copy is	☐ \$52.50 F Certificate of Certified Co (Additional is enclosed	of Status opy Copy
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		A D C 26	treet Address mendment Section ivision of Corpor lifton Building 661 Executive Ce allahassee, FL 32	rations enter Circle	

#### Articles of Amendment to Articles of Incorporation of



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

### SunCoast Chamber of Commerce Inc.

(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:

e new name must be distinguishable an previation "Corp." or " Inc." <u>"Compan</u>		
Enter new principal office address, if incipal office address <u>MUST BE A STI</u>		
Enter new mailing address, if applica Mailing address <u>MAYBE A POST O</u>		
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If amending the registered agent and new registered agent and/or the new Name of New Registered Agent:		lorida, enter the name of th
new registered agent and/or the new		
Name of New Registered Agent:	registered office address:	

## 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)

Add Remove
E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)  Amended Article III. Purpose
TheSunCoast Chamber of Commerce Inc. is organized exclusiverly for charitable,
religious, educational, and scientific purposes, including, for such purposes, the making of
distributions, that qualify as an exempt organization under section 501(c)3 of the internal
code or any corresponding section of any future federal tax code.
Amended Article IX.Distribution of Assets
Upon dissolution of of the organization, assets shall be distributed for one or more exempt
purposes within the meaning of section 501(c)3 of the internal Revenue code, or
corresponding section of any future code, or shall be distributed to the federal government
or to a state or local government, for the public purpose . Any such assets not be disposed
of by the court of common pleas of the county in which the principal office of the organizati
is located, exclusively for such purposes or to such organization, as said court shall
determine, which is organized and operated exclusively for such purposes.

The date of each amendmen	t(s) adoption: August 6, 2009
Effective date <u>if applicable</u> :	August 6, 2009 (date of adoption is required)
	(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	ere adopted by the members and the number of votes cast for the amendment(s) proval.
✓ 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_Aug	ust 7, 2009  ——————————————————————————————————
hav	the chairman or vice chairman of the board, president or other officer-if directors on the been selected, by an incorporator – if in the hands of a receiver, trustee, of the court appointed fiduciary by that fiduciary)
	Carolyn Ford
	(Typed or printed name of person signing)
	Secretary of the Board
	(Title of person signing)