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(((H11000262325 3))) ·



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Account Name : ROBERT GRAHAM CPA & ASSOC.

Account Number : I20070000089

: (813)909-8803

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COR AMND/RESTATE/CORRECT OR O/D RESIGN TAMPA LATIN CHAMBER, INC.

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COVER LETTER

TO: Amendment Section
Division of Corporations

| NAME OF CORPOR | RATION: TAMPA LATIN | CHAMBER, INC | | |
|--------------------------|--|---|---|--|
| DOCUMENT NUM | BER: N09000002157 | · · · · · · · · · · · · · · · · · · · | | |
| The enclosed Articles | of Amendment and fee are subm | nitted for filing. | | |
| Please return all corres | spondence concerning this matte | er to the following: | | |
| | ROBERT | GRAHAM CPA | <u> </u> | |
| | (Name of (| Contact Person) | | |
| | ROBERT GR | RAHAM CPA LLC | | |
| | (Firm/ | Company) | | |
| | 1518 NORWICK DRIVE | | | |
| | (A | ddress) | | |
| | LUTZ. | FL 33559 | | |
| | | and Zip Code) | | |
| | info@tampala | atinchamber.com | | |
| | E-mail address: (to be used | for future annual report notifica | tion) | |
| For further information | concerning this matter, please | call: | | |
| ROBERT GRAHA! | M. CPA | at (813) 260-410 | 6 | |
| | f Contact Person) | | e Telephone Number) | |
| Enclosed is a check for | the following amount made pay | vable 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) | |
| Amend | Address ment Section | Street Address Amendment Section | · | |
| | a of Corporations ox 6327 | Division of Corporation Clifton Building | ns . | |
| | ssec, FL 32314 | 2661 Executive Center Tallahassee, FL 32301 | Circle | |



November 3, 2011

FLORIDA DEPARTMENT OF STATE
Division of Corporations

TAMPA LATIN CEAMBER, INC. P.O. BOX 20933 TAMPA, FL 33622US

SUBJECT: TAMPA LATIN CHAMBER, INC.

REF: N09000002157

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must show the name of your corporation on your application so we will know what you are amending. You will also have to have the correct signer for your document.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or snother of its officers.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette Regulatory Specialist II FAX Aud. #: H11000262325 Letter Number: 411A00025011

RECEIVED IN NOV -4 AM 8: 00

P.O BOX 6327 - Tallahassee, Florida 32314

Articles of Amendment to Articles of Incorporation of

| Tanpa Latin Cha | mber Inc. | | |
|--|---|----------|-------|
| (Name of Corporation as currently filed | with the Florida Dept. of State) | • | |
| N09000002 | 157 | | |
| (Document Number of Con | rporation (if known) | | |
| Pursuant to the provisions of section 617.1006, Florida Str the following amendment(s) to its Articles of Incorporation | ממ: | opts | |
| A. If amending name, enter the new name of the corne | oration: | | |
| The new name must be distinguishable and contain the abbreviation "Corp." or "Inc." "Company" or "Co." ma | word "corporation" or "incorporated" or the ay not be used in the name. | .es | |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE | ESS) | ON REL | SECIO |
| C. Enter new mailing address, if applicable: | | NOV -4 A | |
| (Mailing address MAY BE A POST OFFICE BOX) | | AM 10 3 | |
| D. If amending the registered agent and/or registered | office address in Clavida enter the name of the | en ê | ₹. |
| new registered agent and/or the new registered offic | ice address: | | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | (Florida street address) | | |
| · | , Florida (City) (Zip Code) | | |
| New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent position. | | the | |
| · | i | | |
| Signature of | f New Registered Agent, if changing | | |

Page 1 of 3

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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 ☐ Add Remove □ Add Remove ☐ Add ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) ARTICLE III The principal purpose of the corporation shall be to: 1. To promote business within the Tampa Bay Latin community, To improve communications and the exposure among the members and with the Tampa Bay Latin community. 3. To provide information and networking resources among Chamber members and the Tampa Bay Latin community and, To help educate members and the community with respect to the dynamic business, residential and cultural aspects of the Tampa Bay Latin Community. The corporation is intended to be exempt from federal income taxation under section 501(a) of the Internal Revenue Code of 1986, as amended (the "Code"), as an organization described in Section 501(c)(6) of the Code. Upon dissolution and liquidation of this corporation, its remaining assets shall be distributed to one or more other organizations that are exempt from federal income taxation as an organization or organizations described

Page 2 of 3

in section 501(c)(6), or to a municipal, county or state government.

| The date of each amendment | لاك ياك (s) adoption: عاد | ne 30, 2011 | _ ; ; |
|---|---------------------------|--|---------------------------|
| Effective date <u>if applicable</u> : | July 1, 2011 | (date of adoption is required) | |
| | (no mor | e than 90 days after amendment fi | ile.dase) |
| Adoption of Amendment(s) | Œ | ECK ONE) | |
| The amendment(a) was we was were sufficient for app | | members and the number of votes | cast for the amendment(s) |
| There are no members or adopted by the board of di | | o vote on the amendment(s). The | sinendment(§) was/weic |
| Dated | latinal to | NOn lea | - |
| Ųa; | re hor been selecte | rice thatmay of the board, presided, by an incorporator — if in the flduciary by that fiduciary) | |
| · | <u> Whie</u> | R. Gonzalez led or printed name of person sign | ning) |
| | Plea | dert | |
| • | • | (Title of person signing) | |

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