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## **COVER LETTER**

**TO**: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Town of Medley C	Chamber of Commerce	····	
N11000010073			
		•	
The enclosed Articles of Amendment and fee are su	ibmitted for filing.		
Please return all correspondence concerning this ma	tter to the following:		
Juan A. Rubi			
***	(Name of Contact Pe	rson)	
Town of Medley Chamber of Commerce			
	(Firm/ Company	)	
532 La Villa Drive			
	(Address)		
Miami Springs, Florida 33166			
	(City/ State and Zip C	Gode)	
jrrubi@medleychamber.com			
E-mail address: (to be us	sed for future annual rep	ort notification	1)
For further information concerning this matter, plea	se call:		
Juan A. Rubi	at	786	412-2357
(Name of Contact Pers			(Daytime Telephone Number)
Enclosed is a check for the following amount made	payable to the Florida [	Department of	State:
	& □\$43.75 Filing Fee s Certified Copy (Additional copy is enclosed)	Certif S Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address		eet Address	
Amendment Section Division of Corporations		nendment Sect vision of Corpo	
Division of Corporations	Un	ration or corbi	armero do

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Town of medley Chamber of Commerce

(Name of Corporation as current	ly filed with the Florid	a Dept. of State)	
N11000010073			
(Document Numbe	er of Corporation (if kno	wn)	
Pursuant to the provisions of section 617,1006, Florida Statutes imendment(s) to its Articles of Incorporation:	s, this <i>Florid<b>u</b> Not For I</i>	<i>Profit Corporation</i> ad	opts the following
A. If amending name, enter the new name of the corporation	<u>οπ:</u>		
			The new
name must be distinguishable and contain the word "corporati "Company" or "Co." may not be used in the name.	ion" or "incorporated"	or the abbreviation "	"Corp." or "Inc."
B. Enter new principal office address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
			<del></del>
C. Enter new mailing address, if applicable:			i S
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )			
			SS 3
<ol> <li>If amending the registered agent and/or registered office</li> </ol>	a address in Florida, as	nter the name of the	<u> </u>
new registered agent and/or the new registered office ac		mer the name of the	25 -
Name of New Registered Agent:			10 %
			<del></del>
<del></del>	(Flor	ida sireet address)	
New Registered Office Address:			
		<del></del> '	
	(City)	(Zip C	(ode)
New Registered Agent's Signature, if changing Registered			
hereby accept the appointment as registered agent. I am fan	nitiar with and accept th	e obligations of the p	osition.
Sis	gnature of New Register	ed Agent, if changing	ŗ

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.

X Change X Remove X Add	<u>V</u> <u>Mi</u>	<u>in Doe</u> ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	Т	Luis Suarez	P.O. Box 660200
Add			Miami Springs, FL 33266
X Remove			
2) Change	D	Luis Suarez	P.O. Box 660200
Add			Miami Springs, FL 33266
Remove	V	Myriam Granado	P.O. Box 660200
3) Change	<del>`</del>	Wightain Oranado	Miami Springs, FL 33266
X Add			
4) X Change	T	Luis Cuervo	P.O. Box 660200
Add			Miami Springs, Ft. 33266
Remove			
5) Change	2nd V	Ivan Diaz	P.O. Box 660200
Add			Miami Springs, FL 33266
X Remove			
б) Change	D	Ivan Diaz	P.O. Box 660200
X Add			Miami Springs, FL 33266
Remove			

. If amending or adding additional Art (attach additional sheets, if necessary).	(Be specific)		
(and a distribution should by necessary).	· · · · · · · · · · · · · · · · · · ·		
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The date of each amendment(s) adopt late this document was signed.	ion:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block of locument's effective date on the Depart	does not meet the applicable statutory filing requirements, this date ment of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopt was/were sufficient for approval.	ed by the members and the number of votes cast for the amendmen	t(s)
There are no members or members adopted by the board of directors.	entitled to vote on the amendment(s). The amendment(s) was/wer	e
July 25, 2017 Dated		
Signature	W.	<del>.</del>
have not been s	n or vice chairman of the board, president or other officer-if director elected, by an incorporator — if in the hands of a receiver, trustee, of ointed fiduciary by that fiduciary)	
Juan A. Rub	<b>/ N</b> .	_
	(Typed or printed name of person signing)	_
President	\	

(Title of person signing)