N1700000 4793

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: BYOWARD	COUNTY BLACK	- Chamber of	Communce f	ounda
DOCUMENT NUMBER: N17000004	193			
The enclosed Articles of Amendment and fee are sub-				
Please return all correspondence concerning this matter	er to the following:			
Shaheewa Jarret	t ESU. (Name of Contact Perso	n)		
Broward County Black	Chamber 8	Commerce	Foundation	, uc
1451 W. Cypress Crees	K Rd. (Address)	Suite 300		
Fort Lauderdale, Fo	3330 (City/ State and Zip Coc	9		
Sjejarrett geling E-mail address to be used	law. Com	notification)		
For further information concerning this matter, please	call:			
Shuheewa Jarret	-t	954 419-	6557	
(Name of Contact Person		rea Code) (Daytime To	elephone Number)	
Enclosed is a check for the following amount made pa	ayable to the Florida Dep	partment 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)		
Matting Address	Street	Address		

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327

Taliahassee, FL 32314

Street Address
Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Broward County Black Chambe	or of Commerce Foundation, CCC
Name of Corporation as carrently filed with the Florie	da Dept. of State)
N1700000 4793	
(Document Nu	umber of Corporation (if known)
Pursuant to the provisions of section 617,1006, Florida Stamendment(s) to its Articles of Incorporation:	atutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpo	oration:
NIA	The new
name must be distinguishable and contain the word "corp	oration" 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:	1451 West Cypress Creek Rd
Principal office address MUST BE A STREET ADDRE	(355)
. ,,	SUITE 300
	Fort Lauderdale, FL 33309
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1451 W. Cypress Creek Rd.
•	Juite 300
	Fort Lauderdale, FL 333
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 offi	ce sauress.
Name of New Registered Agent: 🔃 🖊	//
/	202
	(Florida street address)
New Registered Office Address:	- /
	Florida
	
	The state of the s
New Registered Agent's Signature, if changing Registe	(City) (Zip Code) \(\text{?} \) ered Agent: In familiar with and accept the obligations of the position.
hereby accept the appointment as registered agent. I ar	n familiar with and accept the obligations of the position.
1/	,
<u> </u>	Signature of New Registered Agent, if changing
/	Signature of New Registered Agent, if changing

and address of each Of (Attach additional sheet Please note the officer/a P = President; V = Vice Executive Officer; CFO held. President, Treasur	s, if necessary) lirector title by President; T= = Chief Finan	the first letter of the off Treasurer; S= Secretar cial Officer. If an office	y; D= Director; TR:	= Trustee; C = Chairma re than one title, list the	in or Clerk; CEO = Chief first letter of each office
Changes should be note a change, Mike Jones le Mike Jones, V as Remov	aves the corpo	ration, Sally Smith is na	lohn Doe is listed as med the V and S. Th	the PST and Mike Jone ese should be noted as .	s is listed as the V. There is lohn Doe, PT as a Change,
Example: X.Change X.Remove X.Add	$\overline{\underline{V}}$ $\underline{\underline{M}}$	nn Doe ike Jones Ily Smith			ZUŽŪ TIKO OT ETE OT SE TIKLE TO SE TIKLE OT SE O
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s	17.71:26 E.F.
l) Change Add	NA				
Remove					
2) Change Add	-	<u> </u>			
Remove 3) Change Add Remove					
4) Change Add	+				
Remove					
5) Change Add	 				
Remove					
6) Change Add					
Remove					
E. If amending or add (attach additional sh			e(s) here:		
Please ao	ld und	der Artic	le III -	the following	ny
language:		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	· `	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name,

Please add under Article III the following language:	
1) This organization is organized exclusively for charitable and educational pu	rposes under section 501 (c)(3) of
the IRS Code or corresponding section of any future federal tax code.	
2) Upon dissolution of this organization, assets shall be distributed for one or n	nore exempt purposes within the
meaning of section 501(c)(3) of the IRS Code, or corresponding section of any	future federal tax code, or shall be
distributed to the federal, state, or local government for a public purpose.	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
The date of each amendment(s) adoption:	if other than the
ate this document was signed. Iffective date if applicable: (no more than 90 days after amendment file)	e date)
Tote: If the date inserted in this block does not meet the applicable statutory filing reocument's effective date on the Department of State's records.	
doption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes of was/were sufficient for approval	ast for the amendment(s)

adop	ted by the board of directors. $44/17/20.20$
	Dated TII & C & C
	Signature Mile Halt
	(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)
	Elberg Mike Gelin
	(Typed or printed name of person signing)
	\circ

(Title of person signing)