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COVER LETTER

TO: Amendment Section Division of Corporations TAMPA BAY LATIN CHAMBER OF COMMERCE, INC. NAME OF CORPORATION: N19000006748 DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: CESAR HERNANDEZ Name of Contact Person TAMPA BAY LATIN CHAMBER OF COMMERCE, INC. Firm/ Company 400 N. Tampa St.15th Floor Address **TAMPA, FL 33602** City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & ☐\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy

enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314 Street Address

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

(Additional Copy

is enclosed)

Articles of Amendment to Articles of Incorporation of

	***	,
TAMPA BAY LATIN CHAMBER OF COMMERCE, INC.		<u>;</u> :
(Name of Corporation as currently filed with the Florida De	ept. of State)	:
N190000678		
(Document Number	r of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statutes, amendment(s) to its Articles of Incorporation:	, this Florida Not For Profit Corporation ad	opts the following
A. If amending name, enter the new name of the corporation	<u>on:</u>	
		The new
name must he distinguishable and contain the word "corporatio" (Company" or "Co." may not be used in the name.	on" or "incorporated" or the abbreviation "(Corp." or "Inc."
B. Enter new principal office address, if applicable:	1600 E 8TH AVE	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	SUITE A200	
	TAMPA, FL 33605	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1600 E 8TH AVE	
	SUITE A200	
	TAMPA, FL 33605	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office additional agent: Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
	, Florida _	
-	(City) (Zip Ce	ode)
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fami	iliar with and accept the obligations of the po	osition.
Sign	nature of New Registered Agent, if changing	

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.

Example: X Change PTJohn Doe X Remove Mike Jones $_X$ Add <u>SV</u> Sally Smith Type of Action Address Title Name (Check One) WAKE, RUBY C 350 E. ROBERTSON STREET VP1) ____ Change BRANDON, FL 33511 ____ Add Remove Secretar Benkabbou, Salma 620 E. TWIGGS STREET # 303 2) ____ Change TAMPA, FL 33602 _ Add Remove Nichols, Marggie Treasure 14502 North Dale Mabry Highway Change Tampa, FL 33618 ____ Add X__Remove SOLIVAN, MIGUEL A 6701 RIVERVIEW DR Treasure 4) ____ Change RIVERVIEW, FL 33578 Add Remove HERNANDEZ, DANIELLE 1600 E 8th Ave #A200 Secretar 5) ____ Change Tampa, FL 33605 Add __ Remove 6) ____ Change ___ Add Remove

Attach additional sheets, if necessary).	(Be specific)	
<u> </u>		
·········		
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		
,		
	,	

The date of each amendment(s) a date this document was signed.	doption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file o	late)
Note: If the date inserted in this bedocument's effective date on the December 1.	block does not meet the applicable statutory filing requirer epartment of State's records.	ments, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adeaction was not required.	opted by the incorporators, or board of directors without sha	areholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were st	opted by the shareholders. The number of votes cast for the officient for approval.	amendment(s)
☐ The amendment(s) was/were app must be separately provided for	proved by the shareholders through voting groups. The followard voting group entitled to vote separately on the amend	owing statement lment(s):
	for the amendment(s) was/were sufficient for approval	2022
by	(voting group)	. め . <u> </u>
Dated	9/1/2022	
Signature	5/1/2022 Wall	C: M
selecter	rector, president or other officer – if directors or officers had, by an incorporator – if in the hands of a receiver, trustee, ed fiduciary by that fiduciary)	ive not been
	MIGUEL A SOLIVAN	
	(Typed or printed name of person signing)	
	TREASURE	
	(Title of person signing)	