N20000008366

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SECRETARY OF STATE

COVER LETTER

Division of Corporations	
BEACHES CH	AMBER OF COMMERCE, INC.
N20000008366	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are	e submitted for filing.
Please return all correspondence concerning this	matter to the following:
TOM STANSBURY	
	(Name of Contact Person)
BEACHES CHAMBER OF COMMERCE, INC	
	(Firm/ Company)
115 IST AVENUE NORTH	
-	(Address)
JACKSONVILLE BEACH, FLORIDA 32250	
	(City/ State and Zip Code)
TOM.STANSBURY@BEACHESCHAMBER.0	СОМ
E-mail address: (to be	e used for future annual report notification)
For further information concerning this matter, p	dease call:
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	erson) at (Area Code) (Daytime Telephone Number)
(Name of Contact Po	erson) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount ma	nde payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of Sta	
Mailing Address Amendment Section Division of Corporations	Street Address Amendment Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

BEACHES CHAMBER OF COMMERCE, INC. 2021 FEB 17 PM 1: 46 (Name of Corporation as currently filed with the Florida Dept. of State) N20000008366 (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: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Înc." "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 office address: Name of New Registered Agent: (Florida street address) New Registered Office Address: , Florida (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

	,			
and address of each (Attach additional she Please note the officer P = President; V = Vic	Officer and/or I ets, if necessary, /director title by ce President; T= O = Chief Finan	Director being added:) : the first letter of the office title: : Treasurer: S= Secretary; D= Director; TR ncial Officer. If an officer/director holds ma	fficer/director being removed and title, nar e= Trustee; C = Chairman or Clerk; CEO = Core than one title, list the first letter of each of	Chief
Changes should be no a change, Mike Jones Mike Jones, V as Rem	leaves the corpo	rration, Sally Smith is named the V and S,T	s the PST and Mike Jones is listed as the V. T hese should he noted as John Doe, PT as a Ci	here is hange,
Example: X Change X Remove X Add	<u>V</u> <u>M</u>	hn Doe ike Jones illy Smith		
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s	
Change Add	<u>V</u>	JORGE ANDRES SUAZO	9734 Tapestry Park Cir #311 Jacksonville, FL 32246	
X Remove 2) Change Add				
Remove 3) Change Add Remove				
4) Change Add				
Remove 5) Change Add				
Remove 6) Change Add				
Remove E. If amending or ac	dding additiona	l Articles, enter change(s) here:		
		ary). (Be specific)		

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	(s) adoption: FEBRUARY 08, 2021, i	
The date of each amendment date this document was signed.	(s) adoption:	f other than the
	FEBRUARY 08, 2021	
Effective date if applicable:	(no more than 90 days after amendment file date)	
N		
document's effective date on the	is block does not meet the applicable statutory filing requirements, this date will not be no Department of State's records.	isted as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/w was/were sufficient for ap	ere adopted by the members and the number of votes cast for the amendment(s) proval.	

	nbers or members entitled to vote on the amendment(s). The amendment(s) was/were oard of directors.
Dated	FEBRUARY 08, 2021
Signatur	(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)
	JORGE ANDRES SUAZO
	(Typed or printed name of person signing)
	VICE PRESIDENT

(Title of person signing)