## N23000003770

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

CENTRAL NAME OF CORPORATION:	FLORIDA CHRIS	STIAN CHAME	BER OF CO	OMMERCE, INC.	
N23000003770 DOCUMENT NUMBER:					
The enclosed Articles of Amendment and fee	are submitted for	filing.			
Please return all correspondence concerning to	his matter to the fo	ollowing:			
LATONDRA HEAVEN					
	(Name of	Contact Person	)		
CENTRAL FLORIDA CHRISTIAN CHAM	BER OF COMME	ERCE, INC.			
	(Firn	n/ Company)			
1806 S BAY STREET, SUITE #3					
	(	Address)			
EUSTIS, FL 32726					
	(City/ Sta	ate and Zip Code	<del>:</del> )		
LATONDRA@KINGDOMREACHLEADE	RSHIP.COM				
E-mail address: (t	o be used for future	e annual report r	notification	1)	
For further information concerning this matter	er, please call:				
LATONDRA HEAVEN		407 at	7	984-6824	
(Name of Contact	rt Person)		ea Code)	(Daytime Telephone l	Number)
Enclosed is a check for the following amount	made payable to t	the Florida Depa	ertment of	State:	
\$35 Filing Fee □\$43.75 Filing     Certificate of	Status Certific	ed Copy ional copy is	Certifi Certifi	Diffiling Fee scate of Status sed Copy stional Copy seed)	
Mailing Address		Street	Address		

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

CENTRAL FLORIDA CHRISTIAN CHAMBER OF COMMERCE, INC.

(Name of Corporation as currently filed with the Flori	da Dept. of State)		
N23000003770			
(Document No	umber of Corporation (i	fknown)	
Pursuant to the provisions of section 617.1006, Florida Stamendment(s) to its Articles of Incorporation:	atutes, this <i>Florida Not</i>	For Profit Corporation adopts the	following
A. If amending name, enter the new name of the corpo	oration:		
N/A			The new
name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name.	poration" or "incorpora	ted" or the abbreviation "Corp." o	r "Inc."
B. Enter new principal office address, if applicable:	N/A		
(Principal office address MUST BE A STREET ADDRE	ESS)		
	<del></del>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A		
			. نخ
	<del>1</del>		ω <del></del>
D. If amending the registered agent and/or registered	office address in Flori	da enter the name of the	MPR 20 PM 7: 20
new registered agent and/or the new registered off		da, enter the name of the	Û
Name of New Registered Agent: N/A			PH
Name of New Registered Agent.	· · · · · · · · · · · · · · · · · · ·		٠.
		(Florida street address)	8
New Registered Office Address:			
		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I as	ered Agent: m familiar with and acc	ept the obligations of the position.	
	Signature of New Res	sistered 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 X Remove X Add	PT         John D           V         Mike John S           SV         Sally S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	D	SHARP, JOSEPH B	DELRAY BEACH, FL 33444
Remove			
2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add		<del> </del>	
Remove  5) Change Add	<del></del>		
Remove 6) Change Add			
E. If amending or addin (attach additional shee		icles, enter change(s) here: (Be specific)	

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The date of each amendment(s) adoptions date this document was signed.	: March 30, 20	023	<del></del>		_, if other than the
Effective date if applicable:					
(r	no more than 9	0 days after amen	dment file date)		
Note: If the date inserted in this block does document's effective date on the Department	not meet the a	applicable statutor cords.	y filing requirem	nents, this date will not	be listed as the
Adoption of Amendment(s)	(CHECK ON	E)			
The amendment(s) was/were adopted by was/were sufficient for approval.	by the member	s and the number	of votes cast for	the amendment(s)	

opted by the bo	pard of directors.
Dated	4/6/2023
	Na lasti
Signature	Mara Weaven
	(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)
	LATONDRA HEAVEN
	(Typed or printed name of person signing)
	CO-PRESIDENT
	(Title of person signing)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were