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COVER LETTER

TO: Amendment Section Division of Corporations

	RIDA HISPANIC C	HAMBER OF	COMMERCE, INC.
indment and fee are subm	nitted for filing.		
nce concerning this matte	er to the following:		
	(Name of Contact I	erson)	
	(Firm/ Compar	ny)	
JITE 250			
	(Address)		
	(City/ State and Zip	Code)	
IAIL.COM			
mail address: (to be used	for future annual re	port notification	n)
rning this matter, please	call:		
	a	239 t	9943805
Name of Contact Person)	(Area Code)	(Daytime Telephone Number)
llowing amount made pa	yable to the Florida	Department of	State:
□\$43.75 Filing Fee & Certificate of Status	Certified Copy	Certif is Certif	0 Filing Fee ficate of Status fied Copy tional Copy is osed)
Idress t Section	_		ion
	N:	N:	(Name of Contact Person) (City/ State and Zip Code) (Address) (City/ State and Zip Code) (AllCOM (Mame of Contact Person) (Address) (Address) (Address) (Address) (Address) (Address) (Area Code) (AllCom (Area Code) (Additional copy is certification conclused) (Additional copy is certification conclused) (Additional copy is certification conclused) (Additional copy is certification conclusion) (Additional copy is certification) (Additional copy is certification) (Additional copy is certification)

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

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

18 JUN 1 1 PM 12: 49

SOUTHWEST FLORIDA HISPANIC CHAMBER OF COMMERCE, INC.

SECRETARY OF STATE

(Name of Corporation	as currently filed wit	h the Florida Dept. of State)	ESH SA
N35011			
(Docum	ment Number of Corpor	ration (if known)	
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	orida Statutes, this <i>Florid</i>	da Not For Profit Corporatio	n adopts the following
A. If amending name, enter the new name of th	e corporation:		
			The new
name must be distinguishable and contain the work "Company" or "Co." may not be used in the nam		corporated" or the abbreviati	on "Corp." or "Inc."
B. Enter new principal office address, if applica			
(Principal office address <u>MUST BE A STREET A</u>	(IDDRESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)		
(a			
D. If amending the registered agent and/or regi		n Florida, enter the name of	<u>the</u>
new registered agent and/or the new register			
Name of New Registered Agent:	Michelle Perez-Macia	ls 	
	1400 COLONIAL BL	VD SUITE 250	
New Registered Office Address:		(Florida street address)	
Hew Registered Office Address.	FORT MYERS		33907
	(City)	, Flor	rida ip Code)
	, -,	(*2	<i>,,,</i> (30 a 2)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen		ind accent the obligations of t	he position
, , , , , , , , , , , , , , , , , , , ,		<u></u>	-
6	entice V	New Registered Agent, if change	
_	Signature of N	New Registered Agent, if change	ging

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	<u>V</u> <u>Mil</u>	nn <u>Doe</u> ke Jone <u>s</u> ly <u>Smith</u>	
Type of Action (Check One)	Title	Name	Address
1) Change	CEO	CULBERTSON, VERONICA	1702 NW 26th Street
Add			CAPE CORAL, FL 33993
X Remove			
2) Change			-
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		<u> </u>	
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding a ttach additional sheets,	if necessary).	(Be specific)					
-	*****						
	<u> </u>		 -	<u></u>	<u>-</u>		
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 91) days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements document's effective date on the Department of State's records.	, this date will πot be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes cast for the a was/were sufficient for approval.	amendment(s)
There are no members or members entitled to vote on the amendment(s). The amendment(s adopted by the board of directors.	;) was/were
Dated 6/05/2018	
Signature (By the chairman or vice chairman of the board, president or other officer	r-if directors
have not been selected, by an incorporator – if in the hands of a receiver other court appointed fiduciary by that fiduciary)	, trustee, or
JANETH CASTREJON	
(Typed or printed name of person signing)	
CHAIR	
(Title of person signing)	