## N44020

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314



NAME OF CORPORATION: Hispanic Chamber of Commerce of Central Florida
DOCUMENT NUMBER: N44 020
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Myriam Cardama (Name of Contact Person)
Hispanic Chamber of Commerce of Metro Orlando (Firm/ Company)
315 E. Robinson St. #190 (Address)
Orlando, FL 32801 (City/ State/ and Zip Code)
For further information concerning this matter, please call:
Myriam Cardama at (407) 428-5870 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
□ \$35 Filing Fee  \$\frac{\textbf{X}}{\textbf{X}}\$\$\$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee Certificate of Status  (Additional copy is enclosed)  \$\frac{(Additional Copy is enclosed)}{(Additional Copy is enclosed)}\$\$\$
Mailing Address Street Address
Amendment Section Amendment Section  Division of Corporations Division of Corporations
Printer or deformation printer or deformation

409 E. Gaines Street

Tallahassee, FL 32399



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

September 27, 2004

MYRIAM CARDAMA HISPANIC CHAMBER OF COMMERCE OF METRO 315 E ROBINSON ST., #190 ORLANDO, FL 32801

SUBJECT: HISPANIC CHAMBER OF COMMERCE OF CENTRAL FLORIDA,

INC.

Ref. Number: N44020

We have received your document for HISPANIC CHAMBER OF COMMERCE OF CENTRAL FLORIDA, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton Document Specialist

Letter Number: 404A00056470

you can reach me at 407-428-5870.

Thank you.

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Articles of Amendment to Articles of Incorporation of



of Spin S
Hispanic Chamber of Commerce of Central Florida Pic. (Name of corporation as currently filed with the Florida Dept. of State)
N 44020 (Document number of corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
NEW CORPORATE NAME (if changing):
Hispanic (hamber of Commerce of Metro Orlando Inc. (must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in language; "Company" or "Co." may not be used in the name of a not for profit corporation)
AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)
- <del>/</del>

(continued)

(Attach additional pages if necessary)

The date of adoption of the amendment(s) was: March 2003
Effective date if applicable: Sept 15, 2004 (no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was (were) adopted by the members and the number of votes cast for the amendment was sufficient for approval.
☐ There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.
Signed this 15 <sup>44</sup> day of <u>September</u> , 2004.  Signature M. Juz
(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)
(Typed or printed name of person signing)
Chairperson (Title of person signing)

FILING FEE: \$35