N48840

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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: DOWNTOWN FOR			TATION MANAGEMENT ASSOCIA
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are sub	mitted for filing.		
Please return all correspondence concerning this matt	ter to the following:		
ROBYN CHIARELLI			
	(Name of Contact P	erson)	
GREATER FORT LAUDERDALE TRANSPORTA	TION MANAGEMI	ENT ASSOC	CIATION, INC
	(Firm/ Compan	ıy)	
1700 SW 12 STREET			
	(Address)		
BOCA RATON, FL 33486			
	(City/ State and Zip	Code)	
RCHIARELLI@SUNTROLLEY.COM			
E-mail address: (to be use	d for future annual re	eport notifica	ation)
For further information concerning this matter, pleas	e call:		
ROBYN CHIARELLI	а	t	494-9680
(Name of Contact Perso		(Area Coo	le) (Daytime Telephone Number)
Enclosed is a check for the following amount made p	payable to the Florida	Departmen	t of State:
☐ \$35 Filing Fee		ris Co (A	2.50 Filing Fee entificate of Status entified Copy additional Copy is inclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Ā D	treet Addre mendment Solvision of C The Centre	Section

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

61

Articles of Amendment to

Articles of Incorporation of

FII ED

DOWNTOWN FORT LAUDERDALE TRANSPORTATION MANAGEMENT ASSOCIATION, INC. -9 AH 8: 51

(Name of Corporation as currently filed with the Flo	orida Dept. of State)	SECKETARY OF STATE TALLAHASSEE, FLARES
N48840		WELLINGSOLL, FLACE
(Document	Number of Corporation (if	known)
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this <i>Florida Not I</i>	or Profit Corporation adopts the following
A. If amending name, enter the new name of the con	rporation:	
GREATER FORT LAUDERDALE TRANSPORTATI		IRE NEW
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	orporation" or "incorporat	ed" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u> </u>	
D. If amending the registered agent and/or register new registered agent and/or the new registered of	ed office address in Florid	a, enter the name of the
Name of New Registered Agent:	<u></u>	
New Registered Office Address:		Florida street address)
		Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	i <mark>stered Agent:</mark> I am familiar with and acce	ot the obligations of the position.
	Signature of New Reg	istered 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 I V Mike I SV Sally S	lones	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change Add			
Remove			
2) Change Add		-	
Remove 3) Remove Add Remove		-	
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add		·	
Remove			
E. <u>If amending or addin</u> (attach additional shee		ticles, enter change(s) here: (Be specific)	
SEE ATTACHED AME	NDED BYLAWS	s.	

Effective date if applicable: MARCH 23, 2022 (no more than 90 days after amen	ndment file date)	
The date of each amendment(s) adoption: date this document was signed. MARCH 23, 2022	, if other the	in th
The date of such amondment(s) adoptions		
	<u> </u>	
•		

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the

Adoption of Amendment(s) (CHECK ONE)

document's effective date on the Department of State's records.

☐ . There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
03/23/2022 Dated
Signature Signature
(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)
ROBYN CHIARELLI
(Typed or printed name of person signing)