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	State/Zip/Phone #	<u> </u>
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PICK-UP	WAIT	MAIL
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	Newberry Jonesville	e Chamber of Commerce, I	nc.
DOCUMENT NUMB			
The enclosed Articles	of Amendment and fee are sub	omitted for filing.	
Please return all corres	spondence concerning this mat	ter to the following:	
	Dwight L. Hulse		
		Name of Contact Person	
	Newberry Jonesville Chamber	of Commerce, Inc.	
		Firm/ Company	-
	P.O. Box 495		
		Address	
	Newberry, FL 32669		
		City/ State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	Info@NewberryAreaChamber	r.com	
	E-mail address: (to be us	ed for future annual report	notification)
	n concerning this matter, pleas		450 0000
Dwight L. Hulse		at (
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made p	payable to the Florida Depa	rtment of State:
\$35 Filing Fcc	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O.	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Division The Co 2415 Y	Address ment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303

Articles of Amendment to Articles of Incorporation of

NEWBERRY JONESVILLE CHAMBER OF COMMERCE, INC.

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

(Name of C	orporation as currently	filed with the Florida Dept	t. of State)
N94000003476			
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	6, Florida Statutes, this I	Florida Profit Corporation ad	dopts the following amendment(s) t
A. If amending name, enter the new name	of the corporation:		
NEWBERRY AREA CHAMBER OF COM	MERCE, INC.		The new
name must be distinguishable and contain the "Inc.," or Co.," or the designation "Corp "chartered," "professional association," or	," "Inc," or "Co". A	ompany," or "incorporated" professional corporation n	or the abbreviation "Corp.," ame must contain the word
B. Enter new principal office address, if a	pplicable:	N/A	
(Principal office address MUST BE A STR)			
			257
			4-
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OF I		N/A	e e e e e e e e e e e e e e e e e e e
(muning names) MAT BE AT OST OT	TCL BOX)		
		· · · · · · · · · · · · · · · · · · ·	<u> </u>
D. If amending the registered agent and/o	r registered office addr	ess in Florida, enter the na	me of the
new registered agent and/or the new re			
Name of New Registered Agent	N/A		
	(Florida str	eet address)	
New Registered Office Address:			, Florida
		(City)	(Zip Code)
New Registered Agent's Signature, if chan	ging Registered Agent:	:	
I hereby accept the appointment as registered	d agent. I am familiar v	with and accept the obligation	ns of the position.
N/A			
	Signature of New R	egistered Agent, if changing	
Check if applicable			

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.

X Change	<u>PT</u>	John Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		N/A	
Add			
Remove			
2) Change	-		
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	icles, enter change(s) (Be specific)			
N/A				
<u>-</u> -				
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<u> </u>	hanga raclassificatic	n ar concellation of i	seried shares	
en amondment provides for an arci	endment if not conta	ined in the amendmen	nt itself:	
an amendment provides for an exclusions for implementing the amo				
an amendment provides for an exclusions for implementing the ame (if not applicable, indicate N/A)				
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The data of one	h aand-na(a) -	12/08/2020	, if other than the
date this docume	h amendment(s) a	taoption:	, it odiet than the
date dits docum	\(\frac{1}{2}\)	mediate 12/08/2020	
Effective date i	applicable:		
		(no more than 90 days aft	er amendment file date)
		block does not meet the applicable statu Department of State's records.	atory filing requirements, this date will not be listed as t
Adoption of An	nendment(s)	(CHECK ONE)	
The amendm action was no		lopted by the incorporators, or board of d	lirectors without shareholder action and shareholder
		dopted by the shareholders. The number sufficient for approval.	of votes cast for the amendment(s)
		proved by the shareholders through voting	
must be sept	rately provided fo	r each voting group entitled to vote separ	rately on the amendment(s):
"The n	umber of votes cas	at for the amendment(s) was/were sufficient	ent for approval
		. ,	••
by		(voting group)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		(voling group)	
	01/05/202	ı	
	Dated		
	Signature	Dright I Hulse	
		director, president or other officer - if dir	rectors or officers have not been
	calout.	ed, by an incorporator - if in the hands of	f a receiver, trustee, or other court
		nted fiduciary by that fiduciary)	
		nted fiduciary by that fiduciary) Dwight L. Hulse	
			person signing)
		Dwight L. Hulse	person signing)