

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	idress)	
(Cir	ty/State/Zip/Phone	∋ #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



100299352431

05/18/17--01005--011 **35.00

JUN 02 2017 R. WHITE 17 JUN -1 PH 12: 04

TAMARAC Chamber of Commerce

The Greater Tamarac Chamber of Commerce Board of Trustees:

13th Floor Homes
Broward Health-Coral Springs
City Furniture
City of Tamarac
Connectica LLC
Forum Publishing Group
Interplex Sunbelt Inc
Kelley Kronenberg Attorneys at Law
Melba Ballard – State Farm
Pacifica Forest Trace Senior Living
PeytonBolin, PL
University Hospital & Medical Center
Walgreens
Waste Management
Woodmont Country Club

May 30, 2017

Subject: The Greater Tamarac Chamber of Commerce, Inc.

Ref. Number: N96000002701

To Whom It May Concern:

Please accept my sincerest apologies for sending the incorrect forms in our original mailing to you.

Please find enclosed the proper forms for the filing Articles of Amendment to amend the articles of incorporation of a Florida Not for Profit Corporation pursuant to section 617.1006, Florida Statutes.

Thank you for your time and help with this matter.

Sincerely,

Mary Beth Fleck Office Assistant

7525 Pine Island Rd. #103 Tamarac, Florida 33321 Phone: 954-722-1520 Fax: 954-721-2725



May 23, 2017

PETER MASON 7525 PINE ISLAND RD #103 TAMARAC, FL 33321

SUBJECT: THE GREATER TAMARAC CHAMBER OF COMMERCE, INC.

Ref. Number: N96000002701

We have received your document for THE GREATER TAMARAC CHAMBER OF COMMERCE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6050.

Rebekah White Regulatory Specialist II

Letter Number: 417A00010380

COVER LETTER

TO: Amendment Section Division of Corporations

The Greater Tamarac Chamber of Commerce, Inc. NAME OF CORPORATION:	
N96000002701	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Peter Mason	
(Name of Contact Person)	
The Greater Tamarac Chamber of Commerce, Inc.	
(Firm/ Company)	
7525 N. Pine Island Road, Suite 103	
(Address)	
Tamarac, FL 33321	
(City/ State and Zip Code)	
peter@tamaracchamber.org	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Peter Mason, Executive Director 954-722-1520	
(Name of Contact Person) (Area Code) (Daytime Telephone Number)	
Enclosed is a check for the following amount made payable to the Florida Department of State:	
□\$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status (Certified Copy (Additional Copy is Enclosed)	

Mailing Address

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

Street Address

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

Articles of Amendment to Articles of Incorporation

17 JUH - 1 PM 12: 04

The Greater Tamarac Chamber of Commerce, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

N96000002701

N96000002701 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: N/A name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Ian Gerada Name of New Registered Agent: 8499 West Commercial Boulevard (Florida street address) New Registered Office Address: Florida _____33351 Tamarac (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent-if changing

Page 1 of 4

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>Mik</u>	n Doe e Jones y Smith		
Type of Action (Check One)	<u>Title</u>	Name		Address
I) Change	С	Hene Simmons		11555 Heron Bay Boulevard
Add				Suite 240
X Remove			}	Coral Springs, FL 33076
2) X Change	С	A. Robert Del Giacco		11555 Heron Bay Boulevard
Add				Suite 210
Remove				Coral Springs, FL 33076
3) X Change	SD	Stephen Kahane		7547 NW 79th Avenue
				#315
Add Remove				Tamarac, FL 33321
4) X Change	Т	Campbell Epes, III		5500 NW 69th Avenue
				Lauderhill, FL 33319
Add Remove				
5) Change	VC	Ian Gerada		8499 West Commercial Boulevard
X Add				Tamarac, FL 33351
Remove				
6) Change			_	
Add				
Remove				

If amending or adding additional Artic (attach additional sheets, if necessary).	(Be specific)				
'A					

			<u>-</u>		
	<u></u>			··	
				<u> </u>	
·					
		 			
					
	·	·			
					
					

	4/25/2017	
The date of each ame	endment(s) adoption:	, if other than the
date this document wa	s signed.	
	4/25/2017	
Effective date if appl		
	(no more than 90 days after amendment file date)	
	rted in this block does not meet the applicable statutory filing requirements, this date on the Department of State's records.	date will not be listed as the
Adoption of Amendn	nent(s) (CHECK ONE)	
The amendment(swas/were sufficients)	s) was/were adopted by the members and the number of votes cast for the amendent for approval.	ment(s)
There are no men adopted by the be	nbers or members entitled to vote on the amendment(s). The amendment(s) was oard of directors.	/were
Dated	5/30/2017 MASS	
Signatur		
Signatur	(By the chairman or vice chairman of the board, president or other officer-if dir have not been selected, by an incorporator – if in the hands of a receiver, trust other court appointed fiduciary by that fiduciary)	
	Peter Mason	
	(Typed or printed name of person signing)	
	Executive Director	
	(Title of person signing)	