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TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	ramarae Chamber of Commerce, inc.
N96000002701 DOCUMENT NUMBER:	Tamarae Champer of Commerce, Inc.
The enclosed Articles of Amendment and fee	
Please return all correspondence concerning th	is matter to the following:
Peter Mason	
	(Name of Contact Person)
The Greater Tamarac Chamber of Commerce,	Inc.
- ·· 	(Firm/ Company)
7525 N. Pine Island Rd #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	954-722-1520 at
(Name of Contact	
Enclosed is a check for the following amount n	nade payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Certificate of	Fee & 🗆 \$43.75 Filing Fee & — \$52.50 Filing Fee Status Certified Copy Certificate of Status (Additional copy is enclosed) (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 Articles of Incorporation

A. If amending name, enter the new name of the corporation: Tamarae North Lauderdale Chamber of Commerce, Inc. The name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "h"Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)
(Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the folloamendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: Tamarac North Lauderdale Chamber of Commerce, Inc. The name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "he "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable:
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C. Enter new mailing address, if applicable:
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)
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:
Name of New Registered Agent:
(Florida sneet address)
New Registered Office Address:
, Florida
(City) (Zip Code)

Signature of New Registered 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:

 $P = President; V \neq Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$

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 V SV	John Doe Mike Jones 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			

E. If amending or adding additional Art (attach additional sheets, if necessary).	(Be specific)						
N/A							
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The	date of each amendment(s) adoption:	, if other than the
date	this document was signed.		
Effe	ctive date <u>if applicable</u> :		
		(no more than 90 days after amendment file date)	
		block does not meet the applicable statutory filing requirements, this date will r Department of State's records.	not be listed as the
Adr	option of Amendment(s)	(<u>CHECK ONE</u>)	
	The amendment(s) was/wes was/were sufficient for app	re adopted by the members and the number of votes east for the amendment(s) royal.	
	There are no members or n adopted by the board of di	sembers entitled to vote on the amendment(s). The amendment(s) was/were rectors.	
	Dated	017	
	Signature	//// la_	
	(By the c have no	hairman or vice chairman of the board, president or other officer-if directors the been selected, by an incorporator – if in the hands of a receiver, trustee, or urt appointed fiduciary by that fiduciary)	
	Peter	Mason	
		(Typed or printed name of person signing)	
	Exec	utive Director	
		(Title of person signing)	