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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: Florida Association	n of Destination Mark	eting Organizat	ions, Inc.
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are su	bmitted for filing.		
Please return all correspondence concerning this made	ter to the following:		
MaryLu Winchester			
	(Name of Contact P	'erson)	
FADMO			
-	(Firm/ Compan	y)	
1400 Village Sq. Blvd., Suite 3-250			
	(Address)		
Tallahassee, FL 32312			
	(City/ State and Zip	Code)	
marylu@helpmembers.org			
E-mail address: (to be use	ed for future annual re	port notification	1)
For further information concerning this matter, pleas	e call:		
MaryLu Winchester	av	850 L	222-6000
(Name of Contact Perso		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made i	payable to the Florida	Department of	State:
■ \$35 Filing Fee □S43.75 Filing Fee & Certificate of Status		Certifi is Certifi) Filing Fee cate of Status led Copy tional Copy is (sed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	A: D	reet Address mendment Secti ivision of Corpo he Centre of T	orations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of

2022 DEC 27 All 7: 55

Florida Association of Destination Marketing Organizations, Inc.

N96000004487		*
(Document	Number of Corporation (if kno	wn)
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For I	Profit Corporation adopts the following
A. If amending name, enter the new name of the co	rporation:	
Destinations Florida, Inc.		The new
name must be distinguishable and contain the word "co "Company" or "Co," may not be used in the name.	orporation" or "incorporated"	or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADD</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u>v</u>)	
		
D. If amending the registered agent and/or register- new registered agent and/or the new registered of		nter the name of the
new registered agent and/or the new registered t	mice address.	
Name of New Registered Agent:		
	(Flori	da street address)
		Ch. A
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Regi- I hereby accept the appointment as registered agent.		e obligations of the position.
	Signature of New Registers	ed 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	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change 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 addin (attach additional shee		nal Articles, enter change(s) here: ssary). (Be specific)	
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The date of each amendment(s) ado date this document was signed.	ption:		, it other than
Effective date <u>if applicable</u> :	(no more than 90 days af	ier amendment file date)	.
Note: If the date inserted in this block document's effective date on the Department.	k does not meet the applicable artment of State's records.	statutory filing requirements, this	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
☐ The amendment(s) was/were add was/were sufficient for approval.	pted by the members and the	number of votes east for the amen	dment(s)

. . .

Ė	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
	Dated 12/12/23 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)
	Robert Skrob
	(Typed or printed name of person signing)
	Executive Director
	(Title of person signing)