

N91000001131

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

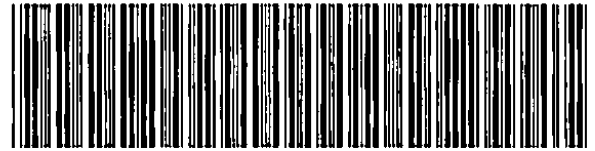
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED

2018 OCT 18 P 4 28

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

OCT 23 2018

T. LEMIEUX

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Taiwanese Chamber of Commerce of Greater

DOCUMENT NUMBER: _____

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kuo Ling Hsu
Name of Contact Person

Taiwanese Chamber of Commerce of Greater Orland
Firm/ Company

1432 Countryridge Pl.
Address

Orlando, FL 32835.
City/ State and Zip Code

kuo6717@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kuo Ling Hsu at (407) 929-0058.
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:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 2, 2018

KUO LING HEU
1432 COUNTRYRIDGE PL
ORLANDO, FL 32835

SUBJECT: TAIWANESE CHAMBER OF COMMERCE OF GREATER
ORLANDO, INC.
Ref. Number: N97000001131

We have received your document for TAIWANESE CHAMBER OF COMMERCE
OF GREATER ORLANDO, 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):

This is a Non-profit corporation the document you sent in is for a Profit
corporation.

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.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 118A00020497

RECEIVED

2018 OCT 18 PM 12:54

SECRETARY OF STATE
TALLAHASSEE, FL

Articles of Amendment
to
Articles of Incorporation
of

FILED

Taiwanese Chamber of Commerce of Greater Orlando

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

N97000001311

(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:

The new 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.

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1432 Countryridge Pl.

Orlando, FL 32835

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1432 Countryridge Pl.

Orlando, FL 32835

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: Kuo Ling Hsu

1432 Countryridge Pl.

(Florida street address)

New Registered Office Address:

Orlando

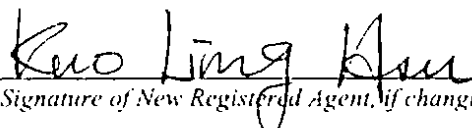
(City)

Florida 32835

(Zip Code)

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

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. Then 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:

| | | |
|--|----|-------------|
| <input checked="" type="checkbox"/> Change | PT | John Doe |
| <input checked="" type="checkbox"/> Remove | V | Mike Jones |
| <input checked="" type="checkbox"/> Add | SV | Sally Smith |

| <u>Type of Action</u> (Check One) | <u>Title</u> | <u>Name</u> | <u>Address</u> |
|---|--------------|----------------|------------------------|
| 1) <input type="checkbox"/> Change | P | Muh, Brenda | 4975 Dixie Highway NE |
| <input type="checkbox"/> Add | | | Unit 701 |
| <input checked="" type="checkbox"/> Remove | | | Palm Bay, FL 32905 |
| 2) <input type="checkbox"/> Change | V | Chu, Hsingchu | 10642 Holly Crest Dr. |
| <input type="checkbox"/> Add | | | Orlando, FL 32836 |
| <input checked="" type="checkbox"/> Remove | | | |
| 3) <input checked="" type="checkbox"/> Change | P | Kuo Ling Hsu | 1432 Countryridge Pl. |
| <input type="checkbox"/> Add | | | Orlando, FL 32835 |
| <input type="checkbox"/> Remove | | | |
| 4) <input type="checkbox"/> Change | V | Ted Yao T. Hsu | 3038 Heirloom Rose Pl. |
| <input checked="" type="checkbox"/> Add | | | Oviedo, FL 32766 |
| <input type="checkbox"/> Remove | | | |
| 5) <input type="checkbox"/> Change | V | Huang Jen Chou | 3272 Abiaka Dr. |
| <input checked="" type="checkbox"/> Add | | | Kissimmee, FL 34742 |
| <input type="checkbox"/> Remove | | | |
| 6) <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

N/A

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- ☐ 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 10/13/2018

Signature Kuo Ling Hsu
(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)

Kuo Ling Hsu
(Typed or printed name of person signing)

President
(Title of person signing)