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11 JUN 13 PM 3:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*NR 6-13-11*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 3, 2011

LINDA M. WOLONICK  
THE FINANCIAL PLANNING ASSOCIATION-OF  
8930 STATE RD 84, NO. 316  
DAVIE, FL 33324

SUBJECT: THE FINANCIAL PLANNING ASSOCIATION OF BROWARD, INC.  
Ref. Number: N00000000995

We have received your document for THE FINANCIAL PLANNING ASSOCIATION OF BROWARD, 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 current name of the entity is as referenced above. Please correct your document accordingly.

The date of adoption of each amendment must be included in the document.

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) 245-6892.

Tina Roberts  
Regulatory Specialist II

Letter Number: 111A00013670

RECEIVED  
11 JUN 13 AM 9:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** The Financial Planning Association of Greater Fort Lau

**DOCUMENT NUMBER:** N00000000995

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

Please return all correspondence concerning this matter to the following:

Linda M. Wolonick  
(Name of Contact Person)

The Financial Planning Association of Greater Fort Lauderdale, Inc.  
(Firm/ Company)

8930 State Road 84, No. 316  
(Address)

Davie, FL 33324  
(City/ State and Zip Code)

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

For further information concerning this matter, please call:

Linda M. Wolonick at ( 954 ) 370-0041  
(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 &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>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  
of

FILED  
11 JUN 13 PM 3:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Financial Planning Association of Broward, Inc.

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

N0000000995

(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 Financial Planning Association of Greater Fort Lauderdale, Inc.

*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)

**C. Enter new mailing address, if applicable:**

(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:**

Name of New Registered Agent:

New Registered Office Address:

(Florida street address)

(City)

Florida

(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*

(Attach additional sheets, if necessary)

**E. If amending or adding additional Articles, enter change(s) here:**

(attach additional sheets, if necessary). (Be specific)

Page 2 of 3

The date of each amendment(s) adoption: May 26, 2011  
(date of adoption is required)

Effective date if applicable: May 26, 2011  
(no more than 90 days after amendment file date)

**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 May 26, 2011

Signature Thomas Balcom  
(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)

Thomas Balcom  
(Typed or printed name of person signing)

President  
(Title of person signing)