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(City/State/Zip/Phone #)

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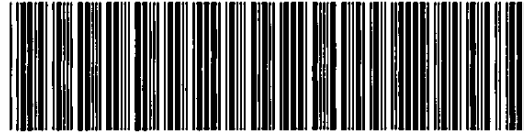
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2006 AUG 10 PM 3:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N.C.

C. Coulters AUG 10 2006

**COVER LETTER**

**TO: Amendment Section  
Division of Corporations**

**NAME OF CORPORATION:** Central Florida Assoc. of Insurance & Financial Advisors

**DOCUMENT NUMBER:** 400000001811

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

Please return all correspondence concerning this matter to the following:

Christine Engell  
(Name of Contact Person)

Central Fl Assoc. of Insurance & Financial Advisors  
(Firm/ Company)

P.O. Box 162505  
(Address)

Altamonte Springs, FL 32716-2505  
(City/ State and Zip Code)

For further information concerning this matter, please call:

Christine Engell at (386) 789-7195  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <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

August 3, 2006

CHRISTINE ENGELL  
CENTRAL FLORIDA ASSOCIATION OF INSURANCE  
PO BOX 162505  
ALTAMONTE SPRINGS, FL 32716-2505

SUBJECT: CENTRAL FLORIDA ASSOCIATION OF INSURANCE & FINANCIAL  
ADVISORS, INC.

Ref. Number: N00000001811

We have received your document for CENTRAL FLORIDA ASSOCIATION OF  
INSURANCE & FINANCIAL ADVISORS, INC. and check(s) totaling \$35.00.  
However, the enclosed document has not been filed and is being returned to you  
for the following reason(s):

The name of the corporation must contain a corporate suffix. This suffix may be:  
CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a)  
and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or  
CO. in the name of a non-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) 245-6903.

Cheryl Coulliette  
Document Specialist

Letter Number: 906A00048614

RECEIVED  
AUG 10 AM 8:00  
DIV OF CORP

Articles of Amendment  
to  
Articles of Incorporation  
of

Central Florida Assoc. of Insurance & Financial Advisors, Inc.  
(Name of corporation as currently filed with the Florida Dept. of State)

N 00000001811

(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:

**NEW CORPORATE NAME (if changing):**

NAIIFA Central Florida, Inc.

(must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in language; "Company" or "Co." may not be used in the name of a not for profit corporation)

**AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE)** Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

N/A

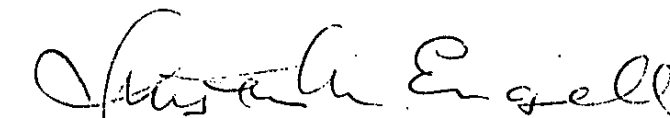
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TALLAHASSEE FLORIDA

The date of adoption of the amendment(s) was: 7/1/06  
Effective date if applicable: 7/1/06  
(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 was sufficient for approval.
- ☐ There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.

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.)

Christine M. Engell

(Typed or printed name of person signing)

Executive Director

(Title of person signing)

FILING FEE: \$35