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COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations The Fort Lauderdale/Broward Chapter of the Association of Fundraising Professionals, Inc. NAME OF CORPORATION: N92000000101 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Debbi Hartman, Administrator (Name of Contact Person) The Fort Lauderdale/Broward Chapter of the Association of Fundraising Professionals, Inc. (Firm/ Company) 15757 Pines Boulevard, #243 Pembroke Pines, FL 33027-1207 (City/ State and Zip Code) afpbrowardchapter@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Debbi Hartman (Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee □ \$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed) **Mailing Address** Street Address Amendment Section Amendment Section **Division of Corporations** Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

FILED.

2014 DEC 15. PM 3: 22

The Fort Lauderdale/Broward Chapter of the Association of Fundralising Professionals, and the STATE OR IN (Name of Corporation as currently filed with the Florida Dept. of State) N92000000101 10 m (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: name must he distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. 15757 Pines Boulevard, #243 B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Pembroke Pines, FL 33027-1207 C. Enter new mailing address, if applicable: 15757 Pines Boulevard, #243 (Mailing address MAY BE A POST OFFICE BOX) Pembroke Pines, FL 33027-1207 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: Debbi Hartman Name of New Registered Agent: 15757 Pines Boulevard, #243, (Florida street address) New Registered Office Address: Pembroke Pines (City) 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

Page 1 of 4

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 Do Mike Joi Sally Sm	<u>nes</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
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4) Change				
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6) Change		_		
Add				
Remove				-

If amending or addi attach additional she	eets, if necessary).	(Be specific)			
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	e date of each amendment(s) adoption: this document was signed.	, if other than the
Effe	ective date if applicable:	
	(no more than 90 days after amendment file date)	
Ada	option of Amendment(s) (CHECK ONE)	
۵	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.	
	December 5, 2014	
	Signature Dioio Merkael	
	(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)	
	Diana Metcalf	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	