# N9400000 3367

Office Use Only



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#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: Miami-Dade Fundraising	Chapter of the Asso Professionals, Inc	ociation of	
DOCUMENT NUM	BER: N9400003367	<del></del>		
The enclosed Articles	s of Amendment and fee are sub	mitted for filing.		
Please return all corre	espondence concerning this matt	er to the following:		
Cynthia L. Beamish				
	(Name of	Contact Person)		
University of Miami				
(Firm/ Company)				
1320 South Dixie Highway, #300				
(Address)				
Co	al Gables, FL 331	.46		
(City/ State and Zip Code)				
cbeamish@miami.edu				
	E-mail address: (to be used	for future annual report notification	ation)	
For further information	on concerning this matter, please	call:		
Cynthia Be	amish	at ( 305 ) 284-43	342	
(Name of Contact Person)			ne Telephone Number)	
Enclosed is a check for	or the following amount made pa	ayable to the Florida Department	t of State:	
□\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
<u>Maili</u>	ng Address	Street Address	is cholosed)	
Amendment Section		Amendment Section		
Division of Corporations		Division of Corporations		
P.O. Box 6327		Clifton Building		
i allat	assee, FL 32314	2661 Executive Center	· Circle	

Tallahassee, FL 32301

#### Articles of Amendment to Articles of Incorporation of

### Miami-Dade Chapter of the Association of Fundraising Professionals, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N94000003367 (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: AFP Miami Chapter, 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) (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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
			_
	<del></del>		Remove
E. If amendation (attach and	ding or adding additional Art dditional sheets, if necessary).	icles, enter change(s) here: (Be specific)	·.
			•
v			
<del></del>			

The date of each amendment(s) adoption: August 26, 2011
(date of adoption is required)  Effective date if applicable: August 26, 2011
(no more than 90 days after amendment file date)
Adoption of Amendment(s) ( <u>CHECK ONE</u> )
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
(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, o other court appointed fiduciary by that fiduciary)
(Typed or printed name of person signing)
(Title of person signing)

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