194000004936

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	_
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE

FEB 0 8 2016. T. LEMIEUX



COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATIO	Association of Fundra	ising Professionals,	Everglades Cha	apter, Inc.
	v9000004936			
DOCUMENT NUMBER:	190000074950		···	<u></u>
The enclosed Articles of Ame	endment and fee are submi	itted for filing.		
Please return all corresponde	nce concerning this matter	to the following:		
Jeanne Bolds				
	(Name of Contact Pe	rson)	
Bold Solutions				
		(Firm/ Company)	
11100 Bonita Beach Road, S	uite 108-A			
		(Address)		
Bonita Springs, FL 34135				
·. · .	(6	City/ State and Zip (Code)	
.jeanne@boldsolutionsonline	.com	•		
Е	-mail address: (to be used t	or future annual rep	ort notification)
For further information conce	erning this matter, please c	all:		
Jeanne Bolds		at	239	947-2000
	(Name of Contact Person)		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the fo	ollowing amount made pay	able to the Florida D	Department of S	itate:
\$35 Filing Fee	Certificate of Status	3\$43.75 Filing Fee of Certified Copy (Additional copy is enclosed)	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing A Amendmen			eet Address nendment Section	on .

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Association of Fundraising Professionals, Everglades Chapte	er, Inc.		
(Name of Corporation as curren	ntly filed with the Florida Dep	t. of State)	
N9000004936			
(Document Numb	ber of Corporation (if known)		
Pursuant to the provisions of section 617.1006, Florida Statut amendment(s) to its Articles of Incorporation:	es, this <i>Florida Not For Profit</i> (Corporation adopts the following	
A. If amending name, enter the new name of the corporat	tion:		
Association of Fundraising Professionals, Collier-Lee Chapter	er, Inc.	The new	
name must be distinguishable and contain the word "corpora" ("Company" or "Co," may not be used in the name.	ation" or "incorporated" or the	abbreviation "Corp." or "Inc."	
B. Enter new principal office address, if applicable:	C/O Aaron Lapp		
(Principal office address <u>MUST BE A STREET ADDRESS</u>	11100 Bonita Beach Road, Suite 108-A		
	Bonita Springs, FL 34135		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A		
			
D. If amending the registered agent and/or registered offinew registered agent and/or the new registered office:		e name of the	
Name of New Registered Agent: N/A			
New Registered Office Address:	(Florida stree	t address)	
N/A		N/A	
	(City)	, Florida (Zip Code)	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fo		gations of the position.	
	Signature of New Registered Age	ent, if changing BB	
	Page 1 of 4	SIZ F	

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>V Mi</u>	nn Doe ke Jones lly Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	P	Susan Suarez	479 Rudder Road
Add			Naples, FL 34102
X Remove			
2) Change	T	John Riley	1083 N. Collier Blvd.
Add			Suite 360
x Remove			Marco Island, FL 34135
3) x Change	P	Aaron Lapp	6075 Bathey Lane
Add			Naples, FL 34116
Remove			
4) Change	Т	Charles Kerwood	801 Laurel Oak Drive
x Add			Suite 710
Remove			Naples, FL 34108
5) Change	V	Katherine Caskey	23570 Alamanda Drive
x Add			Unit 202
Remove			Bonita Springs, FL 34135
O C			
6) Change			
Add			
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) adopt	tion:	, if other than th
late this document was signed.		
ffective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block coument's effective date on the Depart	does not meet the applicable statutory filing requirements, this date will no timent of State's records.	t be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopt was/were sufficient for approval.	ted by the members and the number of votes cast for the amendment(s)	
There are no members or members adopted by the board of directors.	s entitled to vote on the amendment(s). The amendment(s) was/were	
Dated	7	
Signature (By the chairma	Nice chairman of the board, president or other officer-if directors	
Chave not been s	elected, by an incorporator — if in the hands of a receiver, trustee, or ointed fiduciary by that fiduciary)	
AARO		
Pozil	(Typed or printed name of person signing)	
1462166	(Title of person signing)	