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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section Division of Corporations

SOUTHWEST FLO NAME OF CORPORATION:	RIDA PLANNED GIVIN	IG COUN	SIL, INC.	
N9700000104				
DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are sub-	nitted for filing.			
Please return all correspondence concerning this matte	er to the following:			
RICHARD R. GANS, ESQUIRE				
	(Name of Contact Person	.)		
FERGESON SKIPPER, P.A.				
	(Firm/ Company)			
1515 RINGLING BOULEVARD, 10TH FLOOR				
	(Address)			
SARASOTA, FLORIDA 34236				
	(City/ State and Zip Code	:)		
RGANS@FERGESONSKIPPER.COM				
E-mail address: (to be used	for future annual report r	otification)	
For further information concerning this matter, please	call:			
RICHARD R. GANS, ESQ.	941 at		957-1900	
(Name of Contact Person			(Daytime Telephone	Number)
Enclosed is a check for the following amount made pa	yable to the Florida Depa	rtment of S	State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)	
Mailing Address Amendment Section		Address		
Amendment Section Division of Corporations	Amendment Section Division of Corporations			

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

SOUTHWEST FLORIDA PLANNED GIVING COUNSIL, INC.

(Name of Corporation as curren	tly filed with the Flori	da Dept. of State)	
N9700000104			
(Document Numb	er of Corporation (if kn	own)	
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this <i>Florida Not For</i>	Profit Corporation adopts	s the following
A. If amending name, enter the new name of the corporat	ion:		
CHARITABLE GIFT PLANNERS OF SOUTHWEST FLOR	RIDA, INC.		The new
name must be distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name.	tion" or "incorporated	" or the abbreviation "Cor	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
		······································	7:0 8
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			FEB
	-	· · · · · · · · · · · · · · · · · · ·	SEE PH
D. If amending the registered agent and/or registered offinew registered agent and/or the new registered office a		enter the name of the	07.07. 07.07.07. 07.07.07. 07.07.07. 07.07.07. 07.07. 07.07. 07.07. 07.07. 07.07. 07.07. 07.07. 07.07. 07.07. 07.07. 07.07. 07.07. 07.07. 07.07. 07.07. 07.07. 07.07. 07.0
Name of New Registered Agent:			
New Registered Office Address:	(Florida street address)		
		Elevide	
	(City)	, Florida (Zip Code	·)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa		the obligations of the posit	ion.
<u>.</u>	ignature of New Regist	ered 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)

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 Jo Sally Sn	nes		
Type of Action (Check One)	<u>Title</u>		Name		<u>Addres</u> s
1) Change		_		•	
Remove					
2) Change Add		_			
Remove				•	
3) Change		_			
Remove				•	
4) Change		_		-	
Add Remove					
5) Change		_			
Add					
Remove 6) Change					
Add		_		-	
Remove					

utach additional shee	ts, if necessary).	(Be specific)	ange(s) here:			
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The	e date of each amendment(s) adoption:	_, if other than the
date	e this document was signed.	_
Eff	fective date if applicable:	
	(no more than 90 days after amendment file date)	
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not burnent's effective date on the Department of State's records.	e listed as the
Ad	option 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 12018 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)	
	(Typed or printed name of person signing)	