## 73/644

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(Address)	
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(City/State/Zip/Phone #)	_
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(Business Entity Name)	_
(Document Number)	
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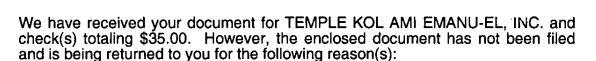
FLORIDA DEPARTMENT OF ST Division of Corporations

January 28, 2009

DVIR WEISS TEMPLE KOL AMI EMANUEL 8200 PETER ROAD PLANTATION, FL 33324

SUBJECT: TEMPLE KOL AMI EMANU-EL, INC.

Ref. Number: 731644



If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed 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.

The date of adoption of each amendment must be included in the document.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

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) 245-6908.

Sylvia Gilbert Regulatory Specialist II

Letter Number: 709A00003082

SECRETARY OF STATE
TALL AHASSEE, FLORIDA

2009 MA S- RAM 8:00

RECEIVED

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:	ole Kol Ami Er	nanuel
DOCUMENT NUMBER: 7.316 4	4	
The enclosed Articles of Amendment and fee a	are submitted for filing.	
Please return all correspondence concerning this	is matter to the following:	
DVIV We (Name of	i SS of Contact Person)	
Temple K	KOI Ami Eman m/Company)	uel
3200 Pe	Hers Road (Address)	·
Plantation (City/St	) , FL 33324 tate and Zip Code)	
For further information concerning this matter,	please call:	
DVIV INCLSS (Name of Contact Person)	at ( 954 ) 472 (Area Code & Daytime	—1 988 E Telephone Number)
Enclosed is a check for the following amount m	ade payable to the Florida Dep	partment of State:
\$35 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$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 Ci	ircle

Tallahassee, FL 32301

## **Articles of Amendment**

to

FILED 2000 440

	Articles of Incorpora	ation	TAR -2	Du .
	of		SECRETAGE	rn 4: 42
Temple	. Kol Ami	Fmane	A-LAHADAK	OF STATE
Name of Corporation a	s currently filed with th	e Florida Dept.	of State)	LURIDA
7.31	W44			
(Docume	ent Number of Corporation	n (if known)		
Pursuant to the provisions of section 612 he following amendment(s) to its Article		his <i>Florida Not</i>	For Profit Corpo	<i>pration</i> adopt
A. If amending name, enter the new r	ame of the corporation	<u>:</u>		
The new name must be distinguishable abbreviation "Corp." or "Inc." "Comp				or the
3. Enter new principal office address Principal office address <u>MUST BE A S</u>				
Principal Office daaress MOSI BE A.S	SIREEI ADDRESS )			· <del></del>
C. Enter new mailing address, if app (Mailing address MAY BE A POST				
	_			
D. If amending the registered agent a new registered agent and/or the ne			da, enter the nan	ne of the
Name of New Registered Agent:	Fison	<u>chalik</u>		
New Registered Office Address:	2943 F (Florid	a street address)	sta Circk	e
	Davie	(City)	, Florida_ (Zip C	33328 <sup>Code)</sup>
Jone Dogistored Agent's Signature if	hanging Degistered Ag	ant.		
lew Registered Agent's Signature, if a hereby accept the appointment as reg			l accept the oblig	gations of th
nsition			2 =	

New R position.

Signature of New Registered Agent, if changing

Page 1 of 3

## 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>	Name	Address	Type of Action
PD :	Alan Cohn	8200 Peters Rd Diantation, FL 33324	Add Remove
TD_	Norman Kronstadt	8200 Peters Rd. Diantation, FC 33324	Add  Remove
<u>S</u>	Robert Goldberg	8200 Peters Rd Plantation FL 33374	☐ Remove
		<i>300</i>	additional pag
	ng or adding additional Articles, enter c itional sheets, if necessary). (Be specific	hange(s) here: att	sched
(auach aaa	uionai sneeis, ij necessary). (Be specijii	c)	
	N/2+	<del></del>	
			*
			<del></del>
			<del></del>
			<del></del>

Temple Kol Ami Emanu-El Document Number: 731644

Officers to be added:

President:

Jason Chalik

8200 Peters Road Plantation, FL 33324

V.P. of Administration:

Saul Kravec

8200 Peters Road Plantation, FL 33324

Treasurer:

Calvin Helitzer 8200 Peters Road Plantation, FL 33324

Financial Secretary:

Bruce Goldner 8200 Peters Road Plantation, FL 33324

The date of each amendmen	t(s) adoption:
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we was/were sufficient for app	re adopted by the members and the number of votes cast for the amendment(s) roval.
There are no members or adopted by the board of dis	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
Dated	2/4/09
Signature	
hav	the chairman or vice chairman of the board, president or other officer-if directors e not been selected, by an indepropartor – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)
	Tason ChaUK (Typed or printed name of person signing)
	- YA
	(Title of person signing)