735335

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SECRETARY OF STATE AND ANALYSIS PLANE.

MAY 1 9 2017
T. LEMIEUX



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: The Reconstructionist Synagogue, la	۷C
DOCUMENT NUMBER: 735325	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
LESLIE Goldman (Name of Contact Person)	
The Reconstructionist Synagogue, Inc.	
11301 West Broward Blud. (Address)	
Plantation, FL 33325 (City/ State and Zip Code)	
Leslie @ Rampt 5HALDM. ORG E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
LESLIE GOLJMAN at 954-472-3600 (Name of Contact Person) (Area Code) (Daytime Telephone Number)	
Enclosed is a check for the following amount made payable to the Florida Department of State:	
\$35 Filing Fee \$\bigcup \\$43.75 Filing Fee & \bigcup \\$43.75 Filing Fee & \bigcup \\$43.75 Filing Fee & \bigcup \\$52.50 Filing Fee \\ Certificate of Status	
Mailing Address Street Address	

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

THE RECONSTRUTIONIST	
	tly filed with the Florida Dept. of State
7353	
(Document Numb	er of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporati	on:
N/A	The new
name must be distinguishable and contain the word "corporal "Company" or "Co." may not be used in the name.	tion" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A
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 office new registered agent and/or the new registered office a	
Name of New Registered Agent:	EN B CAMERON
New Registered Office Address:	OI WEST BROWARD BLUD. (Florida street address)
PIA	NTATION , Florida 33325 (City) (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa	
S	ignature of New Registered Agent, if changing D

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		Doe Jones Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add	P	MAYER, CRAIG	2402 5W 132 WAY DAVIE, Fl 33325
Remove 2) Change	<u>P</u> _	KATLER, CAROL	12160 NW 1 STREET PLANTATION, TI 33325
Remove 3) Change Add Remove		•	
4) Change Add Remove			
5) Change Add			
Remove 6) Change Add			
Remove			

If amending or adding additional sheets, if necessity	essary). (Be sp	ecific)	_			
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uaic i	te of each amendment(s) adoption: JUNE 14T 2017, if other than s document was signed.	th
Effec	ve date if applicable: June 15th 7017 (no more than 90 days after amendment file date)	
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.	
Adop	on of Amendment(s) (CHECK ONE)	
X	ne amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) as/were sufficient for approval.	
	here are no members or members entitled to vote on the amendment(s). The amendment(s) was/were dopted by the board of directors.	
	Dated MAy 11th 2017	
	Signature The Allie Allie	
	(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)	
	Leslie Goldman	
	(Typed or printed name of person signing)	
	Executive Director	
	(Title of person signing)	