## NO 200000 9969

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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	AEL CORP.		
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are sub	mitted for filing.		
Please return all correspondence concerning this matt	er to the following:		
SHARON ARGY			
	(Name of Contact Pe	erson)	
	(Firm/ Company	7)	
16931 NE 6TH AVE			
	(Address)		
NORTH MIAMI BEACH, FL 33162			
	(City/ State and Zip )	Jode)	
SHARON@CALLCULCOM			
E-mail address: (to be used	I for future annual rep	ort notification	1)
For further information concerning this matter, please	call:		
SHARON ARGY	at	305	\$51-7003
(Name of Contact Person		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made pa	ayable to the Florida I	Department of	State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address Amendment Section		eet Address iendment Sect	ion
Division of Cornorations		defament Seen	

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

A HAND FOR ISRAEL CORP.

FILED

(Name of Corporation as c	urrently filed with the Flor	ida Dept. of State)
802000008969		THE SEP 16 P 21 DA
(Document  Pursuant to the provisions of section 617.1006, Florida 5  amendment(s) to its Articles of Incorporation;	Number of Corporation (if k	nown) Continue of the following
amendment(s) to its Articles of Incorporation:	Statetics, titls Florida , voi Fo	r rright corporation adopts the following
A. If amending name, enter the new name of the cor	poration:	
NIA		The new
N_ K] name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name	rporation" or "incorporated	l" or the abbreviation "Corp," or "lnc,"
B. Enter new principal office address, if applicable:	NA	
(Principal office address <u>MUST BE A STREET ADDR</u>	RESS )	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>	, <u>N/A</u>	
		<del> </del>
D. If amending the registered agent and/or registere	d office address in Florida,	enter the name of the
new registered agent and/or the new registered of	ffice address:	
Name of New Registered Agent:	NA	
·	(FI	orida street oddress)
New Registered Office Address:		
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regis	tered Agent:	
I hereby accept the appointment as registered agent $-I$		the obligations of the position
	Signature of New Revisi	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>V</u> <u>Mik</u>	<u>i Doc</u> e Jones y <u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	BOTTON, RABBI DAVID	16931 NE 6TH AVE
Add			NORTH MIAMI BEACH
X Remove			FL. 33162
2) Change			
Add			
Remove			
3 + Change			
Add			
Remove			
4) Change			
Add			
Remove			
51 Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Arti (attach additional sheets, if necessary).	(Be specific)		
NA			
	<u></u>		
			<del></del>
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		·	<del> </del>
	<del></del>		

•	adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	tno more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the I	block does not meet the applicable statutory filing requirements, this date of Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were was/were sufficient for appro	adopted by the members and the number of votes east for the amendment oval.	(5)
There are no members or me adopted by the board of dire	inbers entitled to vote on the amendment(s). The amendment(s) was/were ctors.	:
Dated	19	
•	airman of vice charmin of the board, president or other officer-if director been selected, by an incorporator – if in the hands of a receiver, trustee, or	
	rt appointed fiductary by that fiduciary)	
SHAR	ON ARGY	
	(Typed or printed name of person signing)	-
PSD		
	(Title of person signing)	-