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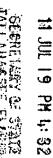
(Requestor's Name)
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May

COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: FLORIDA JEWISH CHARMES, INC.				
DOCUMENT NUM	BER: <u> </u>	0116		
The enclosed Article	s of Amendment and fee are su	bmitted for filing.		
Please return all corr	espondence concerning this ma	tter to the following:		
	John A. (Name o	AUNER f Contact Person)	 .	
F	COPIDA - SEWISH	t CHARITIES, INC n/Company)	<u></u>	
	2114 N. 37	AUE . Address)	<u></u>	
	HOLLYWOOD, (City/Sta	FL 3302/ ate and Zip Code)	- 	
		AoL, COM ed for future annual report notifica	ation)	
For further information	on concerning this matter, pleas	se call:		
Sott N (Name	AUNER of Contact Person)	at (<u>954</u>) <u>981</u> (Area Code & Daytin	-8110 me Telephone Number)	
Enclosed is a check f	or the following amount made p	payable to the Florida Departmen	t of State:	
□\$35 Filing Fee	\$\frac{1}{5}\frac{43.75}{43.75}\$ Filing Fee & Certificate of Status	✓ \$43.75 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		Street Address Amendment Section Division of Corporation	,	

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

PLOFIDA SEWISH CHAPIDES INC.
(Name of Corporation as currently filed with the Florida Dept. of State)
N1100000116
(Document Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
FLORIDA GARDENS THRIET INC.
FLOPIDA GAPDENS THEIFT, INC. The new name must be distinguishable and contain the word "corporation" or "incorporated" or the
abbreviation "Corp." or "Inc." <u>"Company" or "Co." may not be used in the name</u> .
P. Entay new principal office address if applicables
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)
C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:
new registered agent and/or the new registered office address.
Name of New Registered Agent:
New Registered Office Address: (Florida street address)
(1 sorrad bir cor addir chay
, Florida
(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the

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> <u>Name</u> <u>Address</u> **Type of Action** ☐ Add ☐ Remove ☐ Add ☐ Remove _ 🔲 Add ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

The date of each amendment(s) ad	doption: 542Y 14 2011			
Γ (f 4)	(date of adoption is required)			
Effective date if applicable: (no more than 90 days after amendment file date)				
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/were add was/were sufficient for approval.	opted by the members and the number of votes cast for the amendment(s)			
There are no members or memb adopted by the board of directors	pers entitled to vote on the amendment(s). The amendment(s) was/were s.			
Dated	-14-11			
have not	hairman or vice chairman of the board, president or other officer-if directors been selected, by an incorporator – if in the hands of a receiver, trustee, or art appointed fiduciary by that fiduciary)			
_	(Typed or printed name of person signing)			
	DIRECTOR / TREASURER (Title of person signing)			