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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION	Temple Menorah Inc.			
	701428			
The enclosed <i>Articles of Am</i>	endment and fee are subm	nitted for filing.		
Please return all corresponde				
Rosalind Lanes	-			
		(Name of Contact Pe	erson)	
Temple Menorah Inc.				
·····		(Firm/ Company	·)	·
620 75th Street				
		(Address)		
Miami Beach, FL 33141				
		City/ State and Zip (Code)	
mamarosalind@aol.com				
Е	-mail address: (to be used	for future annual rep	ort notification	1)
For further information conc	erning this matter, please o	eali:		
Roger Goldenberg		at	954	410-0708
	(Name of Contact Person)			(Daytime Telephone Number)
Enclosed is a check for the f	ollowing amount made pay	able to the Florida D	Department of S	State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & I Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy is enclosed)	Certifi S Certifi	D Filing Fee locate of Status led Copy lional Copy is lissed)
Mailing Address		Str	eet 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

Temple Menorah Inc.		
(Name of Corporation as	currently filed with the Flor	rida Dept. of State)
701428		
(Document	Number of Corporation (if k	(nown)
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not Fe	or Profit Corporation adopts the following
A. If amending name, enter the new name of the cor	rporation:	
		The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	orporation" or "incorporated	d" or the abbreviation "Corp." or "Inc."
company of Co. may make ascam me name.		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD		
Trincipal office address proof DE A STREET ADDI	<u>nzaa</u> ,	
		<u> </u>
C. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BOX</u>	<u> </u>	
		
		
D. If amending the registered agent and/or registere	ed office address in Florida	, enter the name of the
new registered agent and/or the new registered of	office address:	
Name of New Registered Agent:		
		lorida street address)
New Registered Office Address:		
		Florido
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Regi I hereby accept the appointment as registered agent. I		t the obligations of the position
and the second of the second o	janamar irin ana accept	
	Signature of New Regis	stered Agent, if changing
	-	= · · · · · · · ·

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	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	Libhaber, Bruce	1231 97 STREET
Add			BAY HARBOR, FL 33154
X Remove			
2) X Change	P	Levine, Jeffrey	1627 DIPLOMAT DRIVE
Add			MIAMI, FL 33179
Remove			
3) Change	T	Mitrani, Aida	1711 Cleveland Road
X Add			Miami Beach, FL 33141
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			*
Remove			
6) Change	_		
, Add			
Remove			

ttach additional sheet	s, y necessary).	(Be specific)				
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	<u>———</u>		.			
			<u></u>			

The da	ate of each amendment(s) ad	option:	, if other than the
	is document was signed.		
Effecti	ive date <u>if applicable</u> :		,
		(no more than 90 days after amendment file date)	
	If the date inserted in this blocent's effective date on the Dep	k does not meet the applicable statutory filing requirements, tartment of State's records.	this date will not be listed as the
Adopt	ion of Amendment(s)	(<u>CHECK ONE</u>)	
	he amendment(s) was/were ad as/were sufficient for approva	opted by the members and the number of votes cast for the an .	nendment(s)
	here are no members or memb dopted by the board of directo	ers entitled to vote on the amendment(s). The amendment(s) rs.	was/were
	Dated	10/17/17	
	Signature	Poslud Has	
	have not bee	nan or vice chairman of the board, president or other officer-in selected, by an incorporator – if in the hands of a receiver, the ppointed fiduciary by that fiduciary)	
		Rosalind Lanes	
		(Typed or printed name of person signing)	
		30ard of Oirectors Secretary	
		THE OF DESCRIPTION	