# 725637

(Re	equestor's Name)	
(Ad	ldress)	<del></del> _
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PICK-UP	☐ WAIT	MAIL.
(D.	Takin Kin	
(Bu	isiness Entity Nar	me)
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Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	





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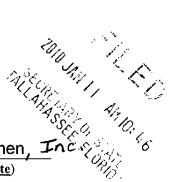
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#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: National Coun	cil of Jewish Women C	<u> Greater Miami S</u> ect
DOCUMENT NUM	BER: 725637		
The enclosed Article.	s of Amendment and fee are sub	mitted for filing.	
Please return all corr	espondence concerning this matt	er to the following:	
		n Yudewitz	
	(Name of	Contact Person)	
	National Council of Jewish	Women Greater Miami S	ection
	(Firm	/ Company)	
	4144 CI	nase Avenue	
	(A	Address)	
	Miami Be	ach, FL 33140	
	(City/ Stat	e and Zip Code)	<del></del>
		ncjwgms.org d for future annual report notifi	cation)
For further informati	on concerning this matter, please	call:	
Sharon Yudewitz		at (305)_538-47	44ime Telephone Number)
(Name	of Contact Person)	(Area Code & Dayt	ime Telephone Number)
Enclosed is a check to	for the following amount made p	ayable to the Florida Departme	nt of State:
□\$35 Filing Fee	☑ \$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)
Ame Divis P.O.	ling Address ndment Section sion of Corporations Box 6327 shassee, FL 32314	Street Address Amendment Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	er Circle

#### Articles of Amendment to Articles of Incorporation of



### Greater Miami Section National Council of Jewish Women, (Name of Corporation as currently filed with the Florida Dept. of State)

13

7	
Corporation (if known)	<del></del>
	Profit Corporation adopt
poration:	
n, Inc. Greater Miami Se	ction
	acorporated" or the
(ESS)	
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)	
	<del>_</del>
<u>d office address in Florida, e</u> <u>fice address:</u>	nter the name of the
· -	<del></del>
(Florida stroot address)	<u>.                                    </u>
(1 fortua sir cei adar ess)	
(City)	, Florida (Zip Code)
(City)	(Lip Coue)
	Statutes, this Florida Not Forion:  poration: en, Inc. Greater Miami Serve word "corporation" or "in may not be used in the name.  RESS)  d office address in Florida, effice address:  (Florida street address)

Page 1 of 3

Signature of New Registered 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)

**Title** <u>Address</u> **Type of Action** Name ☐ 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) a	doption:
Effective date <u>if applicable</u> :	(date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adwas/were sufficient for approval	opted by the members and the number of votes cast for the amendment(s)
There are no members or membadopted by the board of director	vers entitled to vote on the amendment(s). The amendment(s) was/were s.
Dated	15/10
Signature	boile of a visit of the board and the second of the board of the second of the board of the second o
have not	hairman or vice chairman of the board, president or other officer-if director been selected, by an incorporator – if in the hands of a receiver, trustee,
	irt appointed fiduciary by that fiduciary)
	Fran Levey
_	(Typed or printed name of person signing)
	President
	(Title of person signing)