731644

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only

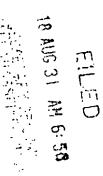


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COVER LETTER

` TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: _	TEMPLE	KUL	Ami	EMANUEL	INC
DOCUMENT NUMBER:	731644				
The enclosed Articles of Amendm	ent and fee are subm	itted for filin	g.		
Please return all correspondence c	oncerning this matter	to the follow	ring:		
		DVIR Name of Co	WEIS	S	
TEMPLE	Kol Am				<u>.</u>
8200	PETERS	ROA	<u>D</u>		_
	TATION				
	address: (to be used	AE. for future and			
(Name Enclosed is a check for the follow	e of Contact Person)			Code) (Daytime Telephoment of State:	one Number)
S35 Filing Fee		⊒\$43.75 Fili Certified C	ng Fee &	□\$52.50 Filing Fee Certificate of Status	
Mailing Addre Amendment Sec Division of Cor P.O. Box 6327 Tallahassee, FL	etion) porations		Division Clifton B 2661 Exe	ent Section of Corporations	

EILED

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as	currently filed with the Florida Dept. of State)	
TEMPLE KCL AMI E.	MANGEL, INC. # 73169 nt Number of Corporation (if known)	44
(Documen	nt Number of Corporation (if known)	,
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	a Statutes, this Florida Not For Profit Corporation	adopts the following
A. If amending name, enter the new name of the co	orporation:	The new
name must be distinguishable and contain the word "c "Company" or "Co." may not be used in the name.	corporation" or "incorporated" or the abbreviatio	
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADL		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	N/A	18 AUG 31 AN
D. If amending the registered agent and/or register new registered agent and/or the new registered		
	CRAIG PACKER	0
New Registered Office Address:	8200 Peters Rua (Florida street address)	,
_	PLANTATION Flori	ida 33344 p Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.		

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.

Type of Action (Check One)	<u>Title</u>	Name	Address
	ρ		
1) Change Add	President	CRAIG PACKER	S200 Peters Road PLANTATION FL 3332
Remove 2) Change Add	<u> </u>	Karen Shiekman	FLANTATOON FL 33224
Remove 3) Change Add	VPA	Rub Rickel	8200 Peters R.d PLANTATION FL 33324
Remove Change Add	<u>FS</u>	Cara Pollack	SLOO Paters Rd PLANTATION FL 33324
Change Add	<u>v P</u>	Jonathan Streis to	eld 8200 Peters 20 PLANTATION FL 33
Remove 6) Change Add Remove			

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

The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the De	ck does not meet the applicable statutory filing requirements, this date wo partment of State's records.	ill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adwas/were sufficient for approva	opted by the members and the number of votes east for the amendment(s	3)
There are no members or membadopted by the board of directors	pers entitled to vote on the amendment(s). The amendment(s) was/were ors.	
Dated	08/1/18	
Signature	My	
have not bee	man or vice chairman of the board, president or other officer-if directors en selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	P.	
	(Title of person signing)	