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COVER LETTER

TO: Amendment Section Division of Corporations Congregation Beth Shalom NAME OF CORPORATION: DOCUMENT NUMBER: ____ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Steven Shepard (Name of Contact Person) Congregation Beth Shalom (Firm/ Company) 1325 S. Belcher Road (Address) Clearwater, FL 33764 (City/ State and Zip Code) treasurer@cbsclearwater.org E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Steven Shepard 871-0388 (Name of Contact Person) (Area Code) (Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee □ \$43.75 Filing Fee & ■\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed) Mailing Address Street Address Amendment Section Amendment Section

Amendment Section Division of Corporations P.O. Box 6327

Taliahassee, FL 32314

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to

to
Articles of Incorporation
of

FILED

2020 JUN -2 AH 11: 16

Congregation Beth Shalom		January Commencer
(Name of Corporation as currently filed with the	Florida Dept. of State	TALLAHASSEE, LUTT
735920		
(Docum	ent Number of Corpora	tion (if known)
Pursuant to the provisions of section 617,1006, Flor nmendment(s) to its Articles of Incorporation:	rida Statutes, this <i>Florid</i>	a Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the	corporation:	
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name	"corporation" or "inco	The new orporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applica	N/A	
(Principal office address MUST BE A STREET A		
	-	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	BOX) N/A	
D. If amending the registered agent and/or regis	stered office address in	Florida, enter the name of the
new registered agent and/or the new registere	ed office address:	
Name of New Registered Agent:	N/A	
A/		(Florida street address)
<u>New Registered Office Address:</u>	N/A	Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing R hereby accept the appointment as registered agent	tegistered Agent: t. I am familiar with an	d accept the obligations of the position.
_	Signature of Me	w 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)

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	PT V SV	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) NIA Change Add			
Remove			
2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add			
Remove			<u> </u>
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee	<u>e</u> additio ts, if nece	nal Articles, enter change(s) here: ssary). (Be specific)	
The following is added at	the begin	nning of Article II: The organization is organized excl	usively for charitable, religious,
educational and scientific	purposes	under section 501(c)(3) of the Internal Revenue Cod	e, or corresponding section of
any future federal tax cod	e.		
The following is added at	the end o	f Artticle II: Upon the dissolution of this organization	n, assets shall be distributed for

section of any future federal tax co	le, or shall be distributed to the federal government, or to	o a state or local
government, for a public purpose.		
	-	
		
	·	
- -		
	May 10, 2020	
The date of each amendment(s) a date this document was signed.	doption:	, if other than the
Effective date <u>if applicable</u> :	y 10, 2020	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the D	ock does not meet the applicable statutory filing requirement of State's records.	nents, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were a was/were sufficient for approx	dopted by the members and the number of votes east for al.	the amendment(s)

Dated	May 22, 2020
Signature	Care & Evans.
	(By the chairman or vice chairman of the board, president or other officer-if director have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	Caren J. Evans
	Caren J. Evans (Typed or printed name of person signing)