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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: ADOLPH AND R	OSE LEVIS JEWISH CON	AMUNITY CENTER, INC.
DOCUMENT NUMBI	ER: N01000005256		
	f Amendment and fee are so	bmitted for filing.	
Please return all corresp	ondence concerning this ma	atter to the following:	
E	BARBARA WELTE-DIPIET	ΓRO	
_		Name of Contact Perso	n
,s	ADOLPH AND ROSE LEV	ISE JEWISH COMMUNIT	Y CENTER, INC.
_	_ .	Firn/ Company	
9	801 DONNA KLEIN BLVI) .	
~~		Address	
l:	OCA RATON, FL 33428		
-		City/ State and Zip Cod	Ů.
BAR	BARAW@LEVISJCC.ORC	; i	
	E-mail address: (to be used for future annua	l report notification)
For further information BARBARA WELTE-D	concerning this matter, plea	se call: at (852-3225
Name of	Contact Person	at (Area Co	de & Davtime Telephone Number
	the following amount made		
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Addre Amendment Sc Division of Co P.O. Box 6327 Tallahassee, FI	ection rporations	Division The Cu 2415 N	Iment Section on of Corporations entre of Tallahassee S. Monroe Street, Suite 810 assec, FL 32303

Articles of Amendment to Articles of Incorporation of

ADOLPH AND ROSE LEVIS JEWISH COMMUNITY CENTER, INC

(Name of Corporation as currently filed with the Florid N01000005256	a Dept. or State	
	nber of Corporation (if known)
Pursuant to the provisions of section 617.1006. Florida Stat	utes, this Florida Not For Pro	ofit Corporation adopts the following
amendment(s) to its Articles of Incorporation:		
A. If amending name, enter the new name of the corpor	ration:	
N/A		The new
name must be distinguishable and contain the word "corpo "Company" or "Co." may not be used in the name.	ration" or "incorporated" or	
B. Enter new principal office address, if applicable:	N/A	
(Principal office address <u>MUST BE A STREET ADDRES</u>	<u>:S</u>)	
		
C. Enter new mailing address, if applicable:	N/A	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		1. ·
		O)
 If amending the registered agent and/or registered of new registered agent and/or the new registered office 		r the name of the
N/A	- Wasteson	
Name of New Registered Agent: NAME NAME		
	(Florida d	street address)
New Registered Office Address:	(Florata s	areer adaress)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Register	ed Avent:	
I hereby accept the appointment as registered agent. I am		bligations of the position.
	g. 114	
	Signature of New Registered 2	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 PTJohn Doe X Remove V Mike Jones SV<u>X</u> Add Sally Smith Type of Action Title Name Address (Check One) CEO COLMAN, RANDY 9801 DONNA KLEIN BLVD. 1) Change BOCA RATON, FL 33428 Add Remove PΡ FINEMAN, LORI 19461 SATURNIA LAKES DR. Change BOCA RATON, FL 33498 Add Х Remove PP BAKER, MATTHEW 7928 PALENCIA WAY _ Change DELRAY BEACH, FL 33446 $_$ Add Remove GRABELSKY, EMILY 4448 WOODFIELD BLVD. 4) ____ Change BOCA RATON, FL 33434 Add Remove DF WOODMAN, KARINA 22135 ALTONA DR. 5) Change BOCA RATON, FL 33428 __ Add Remove DF WELTE-DIPIETRO, BARBARA 530 S.E. 3RD ST. ___ Change DEERFIELD BEACH, FL 33441 Add Remove

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:

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Example: X Change X Remove X Add	PT John Do V Mike Jo SV Sally Sr	nes	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add	ES	EGERT, DANA	5209 SUFFOLK DRIVE BOCA RATON, FL 33496
2) Change Add	<u>S</u>	MIDLER, STEPHANIE	11628 KENSINGTON CT. BOCA RATON, FL 33428
Remove	<u>C</u>	GUTMANN, ERIC	19461 SATURNIA LAKES DR. BOCA RATON, FL 33498
4) Change Add			
Remove 5) Change Add Remove			
6) Change Add			
E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	

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The date of each amendment(s) adoption:	, if other than th
date this document was signed.	
Effective date <u>if applicable</u> :	
(no more than 90 days after amendme	nt file date)
Note: If the date inserted in this block does not meet the applicable statutory fili	ng requirements, this date will not be listed as the

document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

are no members or members entitled to vote on the amendment(s). The amendment(s) was/were ed by the board of directors.
Dated 10/23/20
Signature All Colonia
(By the charman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Lou Flueman
(Typed or printed name of person signing)
President
(Title of person signing)