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SECRE SARY OF STATE ORDER

JUN 2.3 2015

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Bet Shira E	arly Childhoo	d Center, P.T.A., Inc.
	2/12	
DOCUMENT NUMBER: NO200006	243	
The enclosed Article's of Amendment and fee are subr	nitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
Stephanie Feldman		
	(Name of Contact Person	n)
Bet Shira Early Childhoo	d Center	
	(Firm/ Company)	
7500 SW 120 Street		
	(Address)	
Miami, FL 33156		
	(City/ State and Zip Cod	e)
StephanieMFeldn	nan@yahoo	o.com
E-mail address: (to be used	for future annual report	notification)
For further information concerning this matter, please	call:	
Stephanie Feldman	<sub>at.</sub> 786	704-3371 ode & Daytime Telephone Number)
(Name of Contact Person)	(Area C	ode & Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida Dep	artment 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Ameno Divisio Cliftor 2661 F	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Bet Shira Early Childhoo	od Center, P. I.A., Inc.  ly filed with the Florida Dept. of State)	
N02000006423	y med with the Florida Debt. of State)	
	ument Number of Corporation (if known)	
Pursuant to the provisions of section 617. amendment(s) to its Articles of Incorporat	1006, Florida Statutes, this <i>Florida Not For F</i> ion:	Profit Corporation adopts the following
A. If amending name, enter the new na	me of the corporation:	
Bet Shira Early Childhoo	d Center, P.T.C., Inc.	The new
name must be distinguishable and contain "Company" or "Co," may not be used in	the word "corporation" or "incorporated" the name.	or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, (Principal office address MUST BE A ST		
C. Enter new mailing address, if applie		2014 TALL
(1)		D:0 (
		255 - 1
D. If amending the registered agent an new registered agent and/or the new	d/or registered office address in Florida, en v registered office address:	ter the name of the
Name of New Registered Agent:	Stephanie Feldman	<u> </u>
	Bet Shira Early Childhood Center, 7500 S	SW 120 St.
New Registered Office Address:		
	Miami	, Florida 33156
	(City)	(Zip Code)
New Registered Agent's Signature, if cl	nanging Registered Agent:	
I hereby accept the appointment as registed	ered agent. I am familiar with and accept the  Signature of New Registered Agent, if chan	

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	PT John J V Mike SV Sally	Jones	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change Add Remove	PD	SHARPE, SAMANTHA	7100 SW 118 STREET PINECREST, FL 33156
2) X Change Add	PD	STEPHANIE FELDMAN	9920 SW 138 STREET MIAMI, FL 33176
Remove 3) Change X Add Remove	VPD	MELISSA DALL'AU	12705 5W 71 AC Miami, FL 33156
4) Change Add Remove	SD	CHERI EISENSON	9225 SW 149 St. Miami, FL 33176
5) Change Add Remove			
6) Change Add Remove			

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

The date of each amendment(s) adopted date this document was signed.	n:	, it other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adopted was/were sufficient for approval.	by the members and the number of votes cast for the amendment(s)	
Dated Signature (By the chairman have not been sel	or vice chairman of the board, president or other officer-if directors ected, by an incorporator – if in the hands of a receiver, trustee, or inted fiduciary by that fiduciary)	
Stephanie Fe	ldman	
(Тур	ed or printed name of person signing)	
President		
	(Title of person signing)	