## N0200006525

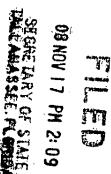
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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**EXAMINER** 

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Synagogue Da	avid Chaim, Inc.	
DOCUMENT NUMBER: N02000006525		
The enclosed Articles of Amendment and fee are	submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
Shlomo Menachem		<u>-</u>
(Name of	Contact Person)	
Synagogue David Chaim		
(Firm	/ Company)	
4601 Thomas Street	Address)	
	, , ,	
Hollywood, FL 33021 (City/ Stat	e and Zip Code)	
For further information concerning this matter, pl	•	
Shlomo Menachem	at ( <u>305</u> ) <u>318-9640</u>	
(Name of Contact Person)	(Area Code & Daytime Tele	
Enclosed is a check for the following amount made	de payable to the Florida Departr	nent of State:
▼\$35 Filing Fee   S43.75 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	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

## Articles of Amendment to Articles of Incorporation of

Synagogue David Chaim, Inc.		<b>=</b>
(Name of Corporation as currently filed with	the Florida Dept. of State	
N02000006525		
(Document Number of Corporat		
Pursuant to the provisions of section 617.1006, Florida Statutes the following amendment(s) to its Articles of Incorporation:  A. If amending name, enter the new name of the corporation		ofit Corporation adopts
The new name must be distinguishable and contain the word abbreviation "Corp." or "Inc." "Company" or "Co." may not		porated" or the
B. Enter new principal office address, if applicable:	4601 Thomas St	<u></u>
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	Hollywood, FL 33021	AON BO
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4601 Thomas St Hollywood, FL 33021	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ade		r the name of the
Name of New Registered Agent:	<del></del>	
New Registered Office Address: (Flor	ida street address)	
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am position.		the obligations of the
Signature of New	Registered Agent if chan	

## 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)

<u>Title</u>	Name SHA RABAN	Address Address	Type of Action
<u>DP</u>	Rabbi Yehezkel Ezra	4200 Sheridan St.# 203	→ ☑ Add → □ Remove
			- Kemove
			Add Remove
			_
	g or adding additional Articles, enter citional sheets, if necessary). (Be specifi		
Change Mai	ling and Address of DP ONLY		
			·
		<del>.</del> .	
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The date of each amendmen	t(s) adoption: <u>11/1/08</u>
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we was/were sufficient for app	are adopted by the members and the number of votes cast for the amendment(s) proval.
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
Dated	11/13/08
Signatur	J-Gya/A
(B) hav	the chairman of vice chairman of the board, president or other officer-if directors been released, by an incorporator – if in the hands of a receiver, trustee, or er court appointed figuriary by that fiduciary)
	Y. Ezra Sharbani
	(Typed or printed name of person signing)
	D.P.
	(Title of person signing)