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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Tiling Officer	
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Office Use Only



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## **COVER LETTER**

119/5

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Chabad Outreach Center of Emerald DOCUMENT NUMBER: \_\_ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Aviaham Bacash
(Name of Contact Person) (Firm/ Company) Sticky Rol (Address) Hollynood &L 33024
(City/ State and Zip Code) chabod Qyahoo. (on ress: (to be used for future annual report notification) For further information concerning this matter, please call: Ricka Barach at 954 965 - 9933

(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: S35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy is enclosed) 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

FILED

to
Articles of Incorporation of

Chabad Outc	each Center	CE ENESCH FENS
(Name of Corporation as cu	rrently filed with the Flo	TALLATIASSEE, FL
(Document N	iumber of Corporation (if I	(nown)
Pursuant to the provisions of section 617.1006. Florida St imendment(s) to its Articles of Incorporation:	atutes, this Florida Not Fo	or Profit Corporation adopts the following
A. If amending name, enter the new name of the corp	oration:	
	<u> </u>	The new
name must be distinguishable and contain the word "corp Company" or "Co." may not be used in the name.	poration" or "incorporate	d" or the abbreviation "Corp." or "Inc."
3. Enter new principal office address, if applicable:		· · · · · · · · · · · · · · · · · · ·
Principal office address <u>MUST BE A STREET ADDRI</u>	<u>ESS</u> )	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
(Malling address MAT BE A POST OF PICE BOX)		
	<del></del>	
D. If amending the registered agent and/or registered new registered agent and/or the new registered off		, enter the name of the
Name of New Registered Agent:		
Hame of the weeking to a decision of the second sec		
		lorida street address)
New Registered Office Address:		
		. Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registe hereby accept the appointment as registered agent. I a	ered Agent: m familiar with and accep	t the obligations of the position.
	Signature of New Regis	tered 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         John D           V         Mike J           SV         Sally S	ones	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>Mc</u>	Howard Tuchinsky	
Remove  2) Change  Add  Remove			
3 ) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			
Kemove			

attach additional s	ding additional Art heets, if necessary).	(Be specific)					
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The dafe of each amendment(s) ad	loption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(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, t partment of State's records.	his date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ac was/were sufficient for approva	dopted by the members and the number of votes cast for the anal.	endment(s)
☐ There are no members or members adopted by the board of directors.	pers entitled to vote on the amendment(s). The amendment(s) ors.	was/were
Dated .5	an 1/2019 Im BM	
have not be	man or vice chairman of the board, president or other officer-ien selected, by an incorporator – if in the hands of a receiver, tappointed fiduciary by that fiduciary)	f directors rustee, or
	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	Director	
	(Title of person signing)	