

ND4000003029

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(Requestor's Name)

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(City/State/Zip/Phone #)

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SECRETARY  
DIVISION OF CORPORATE AFFAIRS

Amend/CC  
10 10.8.12

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Jewish Housing Council Foundation, Inc.

DOCUMENT NUMBER: N04000003029

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Darlene Arbeit, CEO

(Name of Contact Person)

Jewish Housing Council Foundation, Inc.

(Firm/ Company)

1951 North Honore Avenue

(Address)

Sarasota, FL 34235

(City/ State and Zip Code)

DArbeit@kobernickanchin.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lorene Hagan

(Name of Contact Person)

at ( 941 ) 377-0781

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>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

Jewish Housing Council Foundation, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

N04000003029

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

*The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.*

B. Enter new principal office address, if applicable:  
(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

Darlene Arbeit, CEO

1951 North Honore Avenue

(Florida street address)

New Registered Office Address:

Sarasota

(City)

Florida 34235

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

*Darlene Arbeit*

Signature of New Registered Agent, if changing

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 OCT -5 AM 8:26

**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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>CEO</u>	<u>Darlene Arbeit</u>	<u>1951 North Honore Avenue</u> <u>Sarasota, FL 34235</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>Gerard Levinson</u>	<u>1951 North Honore Avenue</u> <u>Sarasota, FL 34235</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>V</u>	<u>Ed Rosenthal</u>	<u>1951 North Honore Avenue</u> <u>Sarasota, FL 34235</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>ST</u>	<u>Alan Wolfson</u>	<u>1951 North Honore Avenue</u> <u>Sarasota, FL 34235</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>          </u>	<u>                                  </u>	<u>                                  </u> <u>                                  </u> <u>                                  </u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>          </u>	<u>                                  </u>	<u>                                  </u> <u>                                  </u> <u>                                  </u>

**E. If amending or adding additional Articles, enter change(s) here:**

(attach additional sheets, if necessary). (Be specific)

## Article XII Revised Indemnification Clause

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

## ARTICLE XII

INDEMNIFICATION: The Corporation shall maintain insurance to cover the duly authorized and lawful actions of any person who is or was a Director or Officer of the Corporation or was serving at the request of the Corporation as a Director or Officer of another related corporation, partnership, joint venture, trust or other enterprise.

The date of each amendment(s) adoption: 8/14/2012

Effective date if applicable: 8/14/2012  
(no more than 90 days after amendment file date)

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.
- ☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 09/24/12

Signature Darlene R Arbeit  
(By the chairman 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)

Darlene Arbeit

(Typed or printed name of person signing)

Chief Executive Officer

(Title of person signing)