Office Use Only



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2017 JUH -8 AH 9: 51

C. GOLDEN
JUN 1 4 2017

## **COVER LETTER**

TO: Amendment Section Division of Corporations Ruach NAME OF CORPORATION: \_\_\_\_\_ N0500<u>000 22</u> The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Rabbi Mois HE MEIR LIPSZYC (Name of Contact Person) Ruach Inc
(Firm/Company) 3558 N. Ocean Blvd. Ft. Lawderdale FL 33308 aitty & chabadf 11. Com

1E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Gitty Lev, W
(Name of Contact Person)

at 
954 568 1190

(Area Code) (Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: △ \$35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (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

Articles of Incorporation		FILEÙ
Ruach	In C.	2017 JUN -8 AM 9:5
(Name of Corporation as	currently filed with the Florid	a Dept. of State)
N05 0000	$\neg 22 \Rightarrow \&$	<u>"T</u> ALÜAHASSEE FLÖRID
	nt Number of Corporation (if kno	
Pursuant to the provisions of section 617.1006, Florid amendment(s) to its Articles of Incorporation:	a Statutes, this <i>Florida Not For</i> .	Profit Corporation adopts the following
A. If amending name, enter the new name of the co	orporation:	
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 ADD		·
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	$\mathbf{O}X_{t}$	
		,
D. If amending the registered agent and/or registe		nter the name of the
new registered agent and/or the new registered	office address:	
Name of New Registered Agent:		
_	(Flore	da street address)
New Registered Office Address:		
_		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.		e obligations of the position.
	60 6N D	
	Signature of New Register	ed 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 Doe V Mike Jones SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) Change Add Remove	SD Leon Libszyc	3558 N. Ocean Blvd. Ft. Landerdale FL 33308
2) Change Add Remove	SD Jetfrey Joseph Heise)	1718 S. Canfield Ave Los Angeles CA 90035
3 ) Change Add Remove		
4) Change Add Remove		
5) Change Add Remove		
6) Change Add Remove		

(attach additional sheets, if necessary).	(Be specific)	
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The date of each amendment(s) ad date this document was signed.	option: June	5,2017	, if other than the
Effective date if applicable:			
	(no more than 90 d	ays after amendment file date	.)
Note: If the date inserted in this blo document's effective date on the Dep			nents, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )		
☐ The amendment(s) was/were ad was/were sufficient for approva		d the number of votes cast for	the amendment(s)
There are no members or membadopted by the board of director		amendment(s). The amendn	nent(s) was/were
Dated	6/5/17	,	
Signaturea		ho hoord modified other other	Piane is discours
have not bee	en selected, by an incorporate pointed fiduciary by that	he board, president or other o rator – if in the hands of a rec t fiduciary)	eiver, trustee, or
Ro	abbi Mois	she Meir l printed name of person signin	-1PSZYC
	(Typed or p	printed name of person signin	g)
		Sident (Title of person signing)	
		(True or person signing)	