

NO6000003699

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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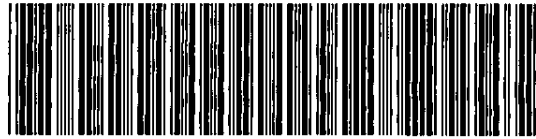
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*Amended
3-1-07*

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: IMREI BINA, INC.

DOCUMENT NUMBER: N06000003699

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

Please return all correspondence concerning this matter to the following:

Alan N Razla

(Name of Contact Person)

Alan N Razla, PA

(Firm/ Company)

2901 Stirling Road, Suite 203

(Address)

Fort Lauderdale, FL 33312

(City/ State and Zip Code)

For further information concerning this matter, please call:

Alan N Razla

(Name of Contact Person)

at (954) 983-9394

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$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

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

IMREI BINA, INC.

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

N06000003699

(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:

NEW CORPORATE NAME (if changing):

(must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in language; "Company" or "Co." may not be used in the name of a not for profit corporation)

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

SEE ENCLOSED

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TALLAHASSEE, FLORIDA

Article II

Delete:

The principal place of business address:
490 SW 118 Ave.
Pantation, FL. US 33325

The mailing address of the corporation is:
490 SW 118 Ave.
Pantation, FL. US 33325

Add:

The principal place of business address:
14207 NE 18th Avenue
North Miami, FL 33181

The mailing address of the corporation is:
14207 NE 18th Avenue
North Miami, FL 33181

Article V

Delete:

The name and Florida street address of the registered agent is:
Igal Namer
490 SW 118 Ave.
Pantation, FL. US 33325

I certify that I am familiar with and accept the responsibilities of
registered agent.

Registered Agent Signature: Igal Namer

Add:

The name and Florida street address of the registered agent is:
Yosef Moyal
14207 NE 18th Avenue
North Miami, FL 33181

I certify that I am familiar with and accept the responsibilities of
registered agent.

Registered Agent Signature: Yosef Moyal

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TALLAHASSEE, FLORIDA

Article VII

Delete:

Title: DP
Igal Namer
490 SW 118 Ave.
Pantation, FL. 33325 US

Title: DSO
Yosef Moyal Rabbi
490 SW 118 Ave.
Pantation, FL. 33325 US

Title: DT
Chaim Harroch
490 SW 118 Ave.
Pantation, FL. 33325 US

Add:

Title: DP
Baroukh Didier
14207 NE 18th Avenue
North Miami, FL 33181 US

Title: DSO
Yosef Moyal Rabbi
14207 NE 18th Avenue
North Miami, FL 33181 US

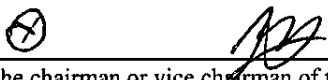
Title: DT
Chaim Harroch
14207 NE 18th Avenue
North Miami, FL 33181 US

The date of adoption of the amendment(s) was: 02/26/2007

Effective date if applicable: _____
(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 was sufficient for approval.
- ☐ There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.

Signature 
(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.)

JOSEF MOYAL
(Typed or printed name of person signing)

DSO
(Title of person signing)

FILING FEE: \$35