N000000 8695

| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ac | ldress) | |
| (Ac | Idress) | |
| (Ci | ty/State/Zip/Phone | · #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | usiness Entity Nam | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | <u> </u> |
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Office Use Only

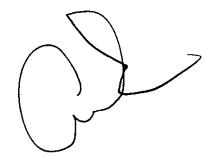


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MAR 2'6 2012 C. MUSTAIN



COVER LETTER

TO: Amendment Section , Division of Corporations

| NAME OF CORPORATION: CHABAD | AT THE CIV | /IC CENTER, INC |
|---|---|--|
| DOCUMENT NUMBER: N0600008 | 8695 | |
| The enclosed Articles of Amendment and fee are sub- | mitted for filing. | |
| Please return all correspondence concerning this matter | er to the following: | |
| YOCHANON KLEIN | | • |
| | (Name of Contact Perso | n) |
| CHABAD AT THE CIVIC | CENTER, | INC. |
| | (Firm/ Company) | |
| 1110 NE 170TH STREE | Ŧ | |
| | (Address) | |
| NORTH MIAMI BEACH, | FL 33162 | |
| | (City/ State and Zip Cod | e) |
| RABBIKLEIN@G | | |
| E-mail address: (to be used For further information concerning this matter, please | • | notification) |
| | | 450 0007 |
| YOCHANON KLEIN | _{at} (305 | de & Daytime Telephone Number) |
| (Name of Contact Person) | (Area Co | ode & Daytime Telephone Number) |
| Enclosed is a check for the following amount made pa | yable to the Florida Depa | artment of State: |
| ■ \$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) |
| <u> Mailing Address</u> | Certified Copy (Additional copy is enclosed) Street | Certificate of Status Certified Copy (Additional Copy is Enclosed) Address |
| • | Certified Copy (Additional copy is enclosed) Street Amend | Certificate of Status Certified Copy (Additional Copy is Enclosed) |
| Mailing Address Amendment Section | Certified Copy (Additional copy is enclosed) Street Amend Division Clifton | Certificate of Status Certified Copy (Additional Copy is Enclosed) Address ment Section |

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

| (Name of Corporation as currently filed with the Flo | orida Dept. of State) |
|---|--|
| N06000008695 | |
| (Document Number of Corpor | ration (if known) |
| Pursuant to the provisions of section 617.1006, Florida Statut amendment(s) to its Articles of Incorporation: | tes, this Florida Not For Profit Corporation adopts the following |
| A. If amending name, enter the new name of the corporat | tion: |
| name must be distinguishable and contain the word "corpora "Company" or "Co," may not be used in the name. | DA TE |
| B. Enter new principal office address, if applicable: | 1110 NE 170TH STREET |
| Principal office address <u>MUST BE A STREET ADDRESS</u> | NORTH MIAMI BEACH, FL |
| | 33162 |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 1110 NE 170TH STREET |
| | NORTH MIAMI BEACH, FL |
| | 33162 |
|). If amending the registered agent and/or registered offinew registered agent and/or the new registered office a | |
| Name of New Registered Agent: | · |
| New Registered Office Address: | (Florida street address) |
| • | , Florida |
| (City) | |
| New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am fa | Agent: In the second s |
| Signature of New Regis | stered Agent, .f changing |

Page 1 of 4

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, f 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. .f 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 | <u>PT</u> | John Do | <u>oc</u> | | |
|-------------------------------|---------------------------------------|----------------|-------------|-------------|---------|
| X Remove | <u>v</u> | Mike Jo | ones | | • |
| _ <u>X</u> Add | <u>sv</u> | Sally Si | <u>mith</u> | | , |
| Type of Action (Check One) | <u>Title</u> | | Name | | Address |
| 1) Change Add Remove | | - - | | <u>.</u> | |
| 2) Change Add Remove | | _ | | | |
| 3) Change Add Remove | · · · · · · · · · · · · · · · · · · · | | | | |
| 4) Change Add Remove | | _ | | | |
| 5) Change Add Remove | | _ | | · | |
| 6) Change Add Remove | | _ | | | |

| If amending or adding additional Art (attach additional sheets, f necessary). | (Be spec fi | c) | | | | |
|---|-------------|-------------|--|---|--------------|------|
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| The date of each amendment(s) adoption: U3/12/2012 | | | | |
|--|--|--|--|--|
| Effective date if applicable: | | | | |
| | (no more than 90 days after amendment file date) | | | |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | | | |
| ☐ The amendment(s) was/were ad was/were sufficient for approva | lopted by the members and the number of votes cast for the amendment(s) l. | | | |
| There are no members or membadopted by the board of directo | pers entitled to vote on the amendment(s). The amendment(s) was/were ars. | | | |
| Dated 03/12/2 | 2012 | | | |
| Signature 4 | } | | | |
| have not bee | man or vice chairman of the board, president or other officer-if directors on selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary) | | | |
| YOCHANC | ON KLEIN | | | |
| | (Typed or printed name of person signing) | | | |
| PRESIDEN | NT | | | |
| | (Title of person signing) | | | |