N07000009491

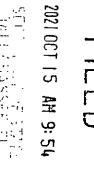
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION:	ish Golf Association, Inc			
DOCUMENT NUM	BER: N0700009491				
	of Amendment and fee are sub	omitted for filing.			
Please return all corre	spondence concerning this mat	ter to the following:			
	Tina Spano				
		Name of Contact Person			
	Adler RA LLC				
		Firm/ Company			
	9050 Pines Blvd, Ste 301				
		Address	-		
	Pembroke Pines, FL 33024				
	City/ State and Zip Code				
	tspano@adlergroup.com				
		ed for future annual report	notification)		
For further information	on concerning this matter, pleas	se call:			
Tina Spano		at (³⁰⁵	392-4065		
Name	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:		
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Ameno Divisio	Address Iment Section on of Corporations entre of Tallahassee		

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation θf

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

United States Jewish Golf Association, Inc				
(Name of Corporation as curren	itly filed with the Florida Dept. of Stat	<u>e</u>)		
N07000009491				
(Document Number	of Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the	following amendn	nent(s) to	
A. If amending name, enter the new name of the corporation:				
		The ne	1747	
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name mus	breviation "Corp.,		
B. Enter new principal office address, if applicable:	9050 Pines Blvd, Ste 301			
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Pembroke Pines, FL 33024	Pembroke Pines, FL 33024		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	9050 Pines Blvd, Ste 301	2021 SE		
	Pembroke Pines, FL 33024	OCT	<u> </u>	
		-5	<u> </u>	
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office address		MM 9:54		
		· 	0	
(Florida s	treet address)			
New Registered Office Address:	Florida_			
	(City)	(Zip Code)		
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	u: with and accept the obligations of the p	osition.		
Signatura of Vina	Registered Agent, if changing			
	кедыыны лдын, у спандид			
Check if applicable				

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)

___ Add

Please note the officer director title by the first letter of the office title:

 $P = President, \widetilde{V} = Vice President, \widetilde{T} = Treasurer, S = Secretary; D = Director, TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CEO = Chief Financial Officer = If an afficer director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$

Changes should be noted in the following manner: Currently John Doc 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 Doc. PT as a Change. Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: PTJohn Doc X Change \underline{V} Mike Jones X Remove Sally Smith \underline{X} Add \underline{SV} <u>Address</u> <u>Title</u> <u>Name</u> Type of Action (Check One) 9050 Pines Blvd, Ste 301 Michael M Adler 1) ____ Change Pembroke Pines, FL 33024 ____ Add _ Remove 9050 Pines Blvd, Ste 301 David Adler Change Pembroke Pines, FL 33024 ____ Add _Remove Tina Spano VP/S/T 9050 Pines Blvd, Ste 301 3) <u>X</u> Change Pembroke Pines, FL 33024 ___ Add ___ Remove 4) ____ Change ____ Add Remove 5) ____ Change ____ Add Remove 6) ____ Change

Attach additional sheets, if necessity	essary). (Be specif	ic)		
44				
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		<u> </u>		
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	_			
		· ·		-
<u> </u>				
If an amendment provides for provisions for implementing	an exchange, recla	ssification, or cancell	ation of issued share	<u>15,</u>
(if not applicable, indicate	N/4)	occontained in the a	menament usen.	
16.16		·		
				

The date of each amendment	(s) adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment f	ile dates
	his block does not meet the applicable statutory filing requie Department of State's records.	nirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/wer action was not required.	e adopted by the incorporators, or board of directors withou	shareholder action and shareholder
The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes east for re sufficient for approval.	the amendment(s)
	e approved by the shareholders through voting groups. The djor each voting group entitled to vote separately on the an	
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
10/7/20 Dated)2 I	
Signature _/	na H Spaces a director, president or other officer – if directors or office	
sel	 a director, president or other officer – if directors or office ected, by an incorporator – if in the hands of a receiver, true pointed fiduciary by that fiduciary) 	
	Tina Spano	
	(Typed or printed name of person signing)	
	Vice President	

(Title of person signing)