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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: HATZALAI	H SOUTH FLORIDA EMERGENCY MEDICAL SERVICES, INC.
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee	are submitted for filing.
Please return all correspondence concerning the	nis matter to the following:
Daniel Y. Gielchinsky, Esq.	
	(Name of Contact Person)
DGIM Law, PLLC	
	(Firm/ Company)
2875 NE 191st Street, Suite 711	
	(Address)
Surfside, Florida 33154	
	(City/ State and Zip Code)
dan@dgimlaw.com	
E-mail address: (to	be used for tuture annual report notification)
For further information concerning this matter	; please call:
Daniel Y. Gielchinsky, Esq.	(786) 698-6301
(Name of Contact	
Enclosed is a check for the following amount r	made payable to the Florida Department of State;
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of S	
Mailing Address	Street Address

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

HATZALAH SOUTH FLORIDA EMERGENCY MEDICAL SERVICES, INC
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N08000002779		
(Docu	ment Number of Corporation (if k	(nown)
tursuant to the provisions of section 617,1006. Flomendment(s) to its Articles of Incorporation:	orida Statutes, this Florida Not F	or Profit Corporation adopts the following
. If amending name, enter the new name of th	ie corporation:	
		The new
ame must be distinguishable and contain the word Company" or "Co." may not be used in the nam		d" or the abbreviation "Corp." or "Inc."
3. Enter new principal office address, if applica Principal office address <u>MUST BE A STREET 2</u>		
		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)	SECREITALL
		AHARY AHARY
		SC
. If amending the registered agent and/or registered agent and/or the new register	istered office address in Florida red office address:	, enter the name of the
Name of New Registered Agent:	Daniel Y. Gielchinsky, Esq.	<i>نی</i> ا
same of New Registered Agent.	2875 NE 191St Street, Suite 70:	5
New Registered Office Address:		- Torida street address)
	Aventura	Florida 33180
	(Ciţv)	(Zip Code)
ew Registered Agent's Signature, if changing	Registered Agent:	
tereby accept the appointment as registered ager	nt. I am familiar with and accept	t the obligations of the position.
	J. 1/2	
-	Signature of New Degist	level trent of changing
	organist of fice fields	The second of Changing

TIMO

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: XChange X Remove X Add	PT John De Y Mike John SV SV Sally Sr	<u>mes</u>	
Type of Action (Check One)	Title '	<u>Name</u>	<u>Address</u>
i)Change Add	<u>D</u>	COHEN, ZALMAN	20201 NE 16TH PLACE MIAMI, FL 33179
X Remove	<u>D</u>	LIPMANN, TZVI	20201 NE 16TH PLACE MIAMI, FL 33179
Remove 3) Change Add Remove			
4) Change Add			
Remove 5) Change Add			
Change Add Remove			
	g additional Artists, if necessary).	cles, enter change(s) here: (Be specific)	
	<u> </u>		

		
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-		
The date of each amendment(s) adoption: date this document was signed.	December 25, 2024	if other than the
Effective date if applicable:		
(n	o more than 90 days after amendment file date)	
<u>Note:</u> If the date inserted in this block does document's effective date on the Department	not meet the applicable statutory filing requirements, this date will not be tof State's records.	listed as the
Adoption of Amendment(s)	CHECK ONE)	
The amendment(s) was/were adopted by was/were sufficient for approval.	y the members and the number of votes cast for the amendment(s)	

1. 1. 1. 2. 2. 1. 1.

	January 7, 2025
Dated	
	aladhid.
Signature	Affect Van
	(B) 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)
	have not been selected, by an incorporator - if in the hands of a receiver, trustee, or
	have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)