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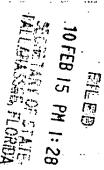
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Dry Jien



August 28, 2009

TEMPLE OR CHAIM, INC. 6101 NW 31 STREET MARGATE, FL 33063

SUBJECT: TEMPLE OR CHAIM, INC.

Ref. Number: N08000006531

We have received your document for TEMPLE OR CHAIM, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Amendments for nonprofit corporations are filed in compliance with section 617.1006, Florida Statutes. Please see the attached information.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Letter Number: 809A00029078

Carol Mustain Regulatory Specialist II

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: TEMPLE	OR CHAIM, IN	1C.
DOCUMENT NUM	BER: <u>N08000</u> 0	06531	
The enclosed Article	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	H. McFLICK	FR f Contact Person)	
	(Name o	f Contact Person)	
	TEMPLE OR C	CHAIM INC.	
	. (Firr	n/ Company)	
	LIOLANN 315	+ <t0==t< td=""><td></td></t0==t<>	
	OIDININ SI	* STREET Address)	· · · · · · · · · · · · · · · · · · ·
	MARGATE, FL.	33063 ate and Zip Code)	
	(City/ Sta	ate and Zip Code)	
	E-mail address: (to be use	ed for future annual report notific	cation)
For further informati	on concerning this matter, pleas	se call:	
	·		
H. McF	LICKER	at (<u>954</u>) <u>977</u> (Area Code & Dayti	2722
(Name	of Contact Person)	(Area Code & Dayti	me Telephone Number)
Enclosed is a check t	or the following amount made	payable to the Florida Departmer	nt of State:
\$35 Filing Fee	Certificate of Status	Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	ing Address ndment Section	Street Address Amendment Section	
Divi	sion of Corporations	Division of Corporati	ons
	Box 6327 hassee, FL 32314	Clifton Building 2661 Executive Cente	er Circle
i ana	inacco, i iz 52517	Tallahassee, FL 3230	

Articles of Amendment to Articles of Incorporation of

10 FEB 15 PM 1: 28

TEMPLE OR CHAIM INC.
(Name of Corporation as currently filed with the Florida Dept. of State)

N08000006531

(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:

A If amounting yours contain the new name of the garmoratio	
A. If amending name, enter the new name of the corporation	<u></u>
TEMPLE CHAIM.	INC.
The new name must be distinguishable and contain the word	
abbreviation "Corp." or " Inc." <u>"Company" or "Co." may no</u>	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	6101 NW 31 ST.
Trucipal office address <u>most be A STREET ADDRESS</u>	MARGATE
	FL 33063
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6101 NW 31 ST.
	MARGATE
	FL: 33063
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad	
Name of New Registered Agent: PABB	H. McFLICKER
	131 st. ST. ida street address)
MARGA	TE , Florida 33063 (City) (Zip Code)
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am	
position.	No.
Standture of New	Registered Agent if changing

Page 1 of 3

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
\mathcal{D}	MCFlicKER RABBI H	6463 NW 102 TERR PARKLAND FL 33076	Add Remove
D	B. PERSAUD	6463 NW 102 TERR PARKLAND FL. 33076	Add Remove
_ D	RABBI E. BLOOM	6463 NW 102 TERR PARKLAND FL 33076	Add Remove
	ding or adding additional Articles, enter dditional sheets, if necessary). (Be spec		
<u>provisio</u>	nendment provides for an exchange, reclange in some second in the second		
			· · · · · · · · · · · · · · · · · · ·

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)

<u>Title</u>	Name	Address	Type of Action
<u>.</u>	RABBI H. MCFLICKER	MARGATE FL 33063	
D_	RABBI ERWIN BLOOM	6101 NW31 ST .ST MARGATE FL 33063	Add Remove
<u>D</u>	RABBI ROBERT SILVERMAN	6101 NW 31 St ST MARGATE FL 33063	Add Remove
	g or adding additional Articles, enter clitional sheets, if necessary). (Be specific		
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	AND THE RESERVE OF THE PERSON		, , , , , , , , , , , , , , , , , , ,
		W	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

The date of each amendment(s) a	idoption: PEBRUARY 01, 2010
	(date of adoption is required)
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ac was/were sufficient for approva	dopted by the members and the number of votes cast for the amendment(s) l.
There are no members or mem adopted by the board of directors	bers entitled to vote on the amendment(s). The amendment(s) was/were ors.
Signature	chairman or vice chairman of the board, president or other officer-if directors
have no	on been reflected, by an incorporator – if in the hands of a receiver, trustee, or burt appointed fiduciary by that fiduciary)
_	(Typed or printed name of person signing)
	DIRECTOR (Title of person signing)