N10000004147

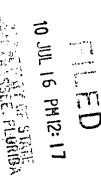
*		
	(Requestor's Name)	
	(Address)	
-		•
	(Address)	
	(City/State/Zip/Phone #)	
. :		
PICK-U	P 🔲 WAIT	MAIL
	(Business Entity Name)	
•		
	(Document Number)	
•		
· · · · · · · · · · · · · · · · · · ·		
ertified Copies	Certificates of t	Status
**		ē
Special Instruction	s to Filing Officer:	
Ī.	7.	٠
-		
	•	•
	Office Use Only	



200183349772

200183349772 07/16/10--01012--030 **43.75

Amera



Roberts JUL 16 2010

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF C	ORPORATION: TEMPLE EMANUEL DAY CARE, INC.	
DOCUMENT	r number: N10000004147	
The enclosed	Articles of Amendment and fee are submitted for filing.	
Please return a	all correspondence concerning this matter to the following:	•
	MICHAEL WIENER	
	(Name of Contact Person)	
	·	
-	(Firm/Company)	
	P.O. BOX 7340	;
	(Address)	
	LAKELAND, FLORIDA 33807-7340	
;	(City/ State and Zip Code)	
	·	
·	E-mail address: (to be used for future annual report notification)	
For further inf	formation concerning this matter, please call:	•
MICHAEL V	WIENER at 607-9100 EXT224	a programme and the second
•	(Name of Contact Person) (Area Code & Daytime Telephone	Number)
Enclosed is a	check for the following amount made payable to the Florida Department of State:	
\$35 Filing I	Certificate of Status Certified Copy Certificate (Additional copy is Certified enclosed) (Additional copy is Certified enclosed)	nal Copy
	is enclo Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL-32314 Clifton Building Z661 Executive Center Circle Tallahassee, FL-32301	sed)

Articles of Amendment to Articles of Incorporation of



TEMPLE EMANUEL DAY CARE, INC.

(Name of Corporation as currently filed with the Florida Dept, of State)

N10000004147

(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. <u>If amending</u>	name, enter the ne	w name of	the corp	oration:			i :,		•
The new name mabbreviation "Co	nust be distinguishe orp." or "Inc." <u>"C</u> e	able and co	ntain the	word "co ay not be	rporations	n" or he na	"incoi me.	porated" or	the
	incipal office add				ū				
	address <u>MUST BE</u>			<u>:SS</u>).					
	•			: 					
	nailing address, if a ress <u>MAY BE A PC</u>		E BOX)		•	···		•	
	,								
									
	the registered ager					<u>Florid</u>	a, ente	r the name of	<u>[the</u>
Name of	New Registered Age	ent:				·- ·	1 .	·	
•					-		:		
. New Regi	stered Office Addre	<u>ss</u> :		(Florida s	treet add	dress)		• '	• "
		_						, Florida	
				(C	ity)			(Zip Code,)
hereby accept t	Agent's Signature, the appointment as					h 'and	accept	the obligation	ns of th
osition.	ing the second s		-,:-:	, , ,		 -i	-		
		Sig	gnature o	f New Reg	istered 2	lgent,	if chan	ging	•

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	<u>Address</u>	Type of Action
PRES	MICHAEL WIENER	P.O. BOX 7340	□ Add
		LAKELAND FL 33807-7340	☑ Remove
TRES	GARY RABIN	COOLAVE HOLLINGOMODELLO	e 🗀
		600LAKE HOLLINGSWORTH D LAKELAND FL:33803	∄ ∐ Add ☑ Remove
-		LANELAWOTENBOON	E Romove
VP ·	JANE RENZ	* :	. 🗖
	OMIL NEWZ	600LAKE HOLLINGSWORTH F	I □ Add ☑ Remove
		LAILLAIVO I L 33003	El Kellove
•			
F Ifamondin	g ou adding additional Auticles, output	ahanga(a) hana	
(attach addi	g or adding additional Articles, enter tional sheets, if necessary). (Be specified)	cnange(s) nere:	
Cimmon minn	·	,	
. =	· · · · · · · · · · · · · · · · · · ·	-	
•.	•	*	
	·		
	:	•	
	:		
			· <u>-</u>
		· .	
•		•	
,			· ·
			
-		·	
		in-	
		<u> </u>	
			· · ·
		<u> </u>	

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) Title <u>Name</u> Address **Type of Action PRES** MICHAEL RISKIN 600LAKE HOLLINGSWORTH DE Add LAKELAND FL 33803 ☐ Remove **KEVIN ESTROFF** TRES 600LAKE HOLLINGSWORTH D ☑ Add **JODY SNYDER** 600LAKE HOLLINGSWORTH ₽ ☑ Add LAKELAND FL 33803 ☐. Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

The date of each amendment(s) adoption: JULY 1, 2010		
Effective date if applicable:	data of adoptic	on is required)	
···	(no more than 90 days afte	er amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
The amendment(s) was/were was/were sufficient for approx	e adopted by the members and the roval.	number of votes cast for	the amendment(s)
There are no members or m adopted by the board of dire	nembers entitled to vote on the amer	ndment(s). The amendr	ment(s) was/were
			+ 1+ 1
Dated JULY	<u>′ 1, 2010</u>		: .′
Signature	mile De lie	·~	
have	the chairman or vice chairman of the not been selected, by an incorporar court appointed fiduciary by that	ator - if in the hands of	her officer-if director f a receiver, trustee,
•	MICHAEL \	WIENER	
	(Typed or printed nam	e of person signing)	
·:		1	
	PRESID		
5.4	: (Title of person :	signing)	

Page 3 of 3