8/13/2015

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000196237 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: GILMAN CIOCIA INC.

Account Number : I20120000051 Phone

: (305)937-7773

Fax Number

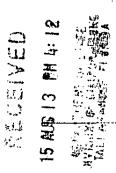
: (815)301-2897

\*\*Enter the email address for this business entity to be used for future, annual report mailings. Enter only one email address please.\*\*

Email Address:	
----------------	--

## COR AMND/RESTATE/CORRECT OR O/D RESIGN MASORET YEHUDIT INC.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00



Electronic Filing Menu

Corporate Filing Menu

Help

2015 AUG 13 AM 9: 15

SFORETARY OF STATE TALL AMAGSEFUSE BETTA

## Articles of Amendment Articles of Incorporation of

	***	
MASC	RET YEHUDIT INC	
(Name of Corporation	1 as currently filed with the Florida	Dept. of State)
	<b>#4</b> 0000004219	
(Docu	ment Number of Corporation (if know	n)
ursuant to the provisions of section 617,1006, Flomendment(s) to its Articles of Incorporation:	orida Statutes, this Florida Not For Pr	ofit Corporation adopts the following
If amending name, enter the new name of th	e corporation:	
	<u>.                                    </u>	The new
ame must be distinguishable and contain the wor Company" or "Co." may not be used in the nam		r the abbreviation "Corp." or "Inc."
Enter new principal office address, if application in the state of the		
Enter new mailing address, if applicable; (Mailing oddress MAY BE A POST OFFICE	\$0X)	
. If amending the registered agent and/or registered agent and/or the new register	stered office address in Florida, ent	er the name of the
Name of New Registered Agent:	ZEV ORATZ	
	640 EAST HALLANDALE BCH BLVD	
		street address)
New Registered Office Address:		*****
	HALLANDALE BEACH	Florida 33009
	(CHy)	(Zip Code)
rw Registered Agent's Signature, if changing increhy accept the appointment as registered ager	Renistered Artot: it. I am familiar with and accept the	ohligations of the position.
	zer of	1
**	Signature of New Registered	* · · · · · · · · · · · · · · · · · · ·

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:

tAttach 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: CEO - 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: X.Change X. Remove X. Add	Y Mil	n Dos ce Jones ly Smith	
Type of Action (Check One)	lide	Name	<u>Addres</u> s
1) Change	S,D	SHLOMO SCHWARTZ	1835 EAST HALLANDALE BCH
Add			BLVD # 770
X Remove			HALLANDALE BCH,FL33009
2)Change			
Add		•	4-1-1-1
Remove			
3) Change	<del></del>		
Ađd			
Remove			
4)Change			
Add			
Remove			
5)Change			
Add			
Remove			
Change			
Add			
D			

Page 2 of 4

If amending or additional Acticles, enter change(s) here: [autoch additional sheets, if necessary). (Be specific)	

Page 3 of 4

The	date of each amen	JULY 29, 2015  dment(s) adoption:	, if other than the
	this document was		
Effe	ctive date <u>if applic</u>	abię:	
		(no more than 90 days after amendment file date)	
<u>Note</u> does	et If the date insert iment's effective da	ed in this block does not meet the applicable statutory filing requirements, this date will not be to on the Department of State's records.	r listed as the
Adoption of Amendment(s)		ent(s) (CHECK ONE)	
	The amendment(s) was/vere sufficien	was/were adopted by the members and the number of votes east for the amendment(s) t for approval.	•
	There are no mem- adopted by the boa	hers or members entitled to vote on the amendment(s). The amendment(s) was/were and of directors.	
	Dated	JULY 29,2015	
	Signature	20 M	
		(By 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)	
		ZEV ORATZ	
		(Typed or printed name of person signing)	
		DIRECTOR	•
		(Title of occorsioning)	