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COVER LETTER

TO: Amendment Section

| NAME OF CORPORATION: TShuvg FM Communication DOCUMENT NUMBER: NIOOO OOO 6643 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Rabbar Mariana Otera (Name of Contact Person) Love Your Nerghbor Incorporated Firm/Company) P. D. Box 813506 (Address) Hollywood, F/ 3308/ (City/ State and Zip Code) Rabbar Otera Otera Coure E-mail address: (to be used for luture annual report notification) For further information concerning this matter, please call: Rabbar Otera (Name of Contact Person) at (786) 306-82// (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: \$355.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallebrene Res 23214 26(6) Beneative Center Circle | Division of Corporations | | |
|---|--|---------------------------------------|--|
| The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Rabbi Mariano Otero (Name of Contact Person) Love Your Neighbor InCorporated (Firm/ Company) P. D. Box 813506 (Address) Hollywood, F. 3308/ (City/ State and Zip Code) Rabbi New Ground Person (Name of Contact Person) For further information concerning this matter, please call: Rabbi M. Otero (Name of Contact Person) (Name of Contact Person) at 786 | NAME OF CORPORATION: TShu | va FM C | ommunication |
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| P. D. Boy 813506 Hollywood, F/ 3308/ (City/ State and Zip Code) Robbi Oleva Gydhoo Cou E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Robbi Oleva at 786 306-821/ (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: \$\Begin{array} \text{\$\sum{8}} \text{\$\sum{3}} \text{\$\sum{5}} | | | |
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| (City/ State and Zip Code) Radio Dec & Yghoo . Cong E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Radio M. Oteo at (1986) 306-821/ (Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee | P. D. Box 813 | 3506 | |
| E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Rabbo Oteo | Hollywood, F | -/ 3308 | / |
| Rabbi M. Detab (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 Fee \$43.75 Filing Fee & \$43.75 Filing Fee & \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is Enclosed) **Mailing Address** Amendment Section Division of Corporations P.O. Box 6327 At (786) 306-821/ Area Code & Daytime Telephone Number) At (786) 306-821/ Area Code & Daytime Telephone Number) At (786) 306-821/ Area Code & Daytime Telephone Number) At (786) 306-821/ Area Code & Daytime Telephone Number) At (786) 306-821/ Area Code & Daytime Telephone Number) At (786) 306-821/ Area Code & Daytime Telephone Number) At (786) 306-821/ Area Code & Daytime Telephone Number) | Rado Oter E-mail address: (to be used | o Wahoo for future annual report | |
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| Enclosed is a check for the following amount made payable to the Florida Department of State: \$\Begin{align*} \$\\$35 \text{ Filing Fee} \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | at (_ 786 | 306-8211 |
| \$35 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is enclosed) Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Certified Copy Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional Copy is Enclosed) Street Address Amendment Section Amendment Section Division of Corporations Clifton Building Clifton Building Certificate of Status Certified Copy Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional Copy is Enclosed) Street Address Amendment Section Division of Corporations Clifton Building Clifton Building Certificate of Status Certified Copy Certificate of Status Certified Copy Certificate of Status Certified Copy | (Name of Contact Person) | (Area C | ode & Daytime Telephone Number) |
| Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Certified Copy enclosed) (Additional Copy is Enclosed) Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Certified Copy (Additional Copy enclosed) Street Address Amendment Section Division of Corporations Division of Corporations Clifton Building | Enclosed is a check for the following amount made pay | able to the Florida Dep | artment of State: |
| Amendment Section Division of Corporations P.O. Box 6327 Amendment Section Division of Corporations Clifton Building | | Certified Copy (Additional copy is | Certificate of Status Certified Copy (Additional Copy is |
| Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building | | | |
| P.O. Box 6327 Clifton Building | | | |
| Tallahassaa El 22314 2661 Evacutiva Center Circle | P.O. Box 6327 | Cliftor | n Building |
| Tallahassee, FL 32314 Tallahassee, FL 32301 | Tallahassee, FL 32314 | | Executive Center Circle assee, FL 32301 |

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Articles of Amendment

to Articles of Incorporation

| F | H | E | D |
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| F | H | Ľ | u |

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|---|--|------------------|-------------------|-------------|
| Tshova FM (| of OM MUNIC rida Dept. of State) | ation | TINEEB!! | bh n. s. |
| (Name of Corporation as currently filed with the Flor | rida Dept. of State) | | (AA) An | OF STAT |
| N 1000 000 664 | 13 | | TALLAHASS | EE, FLOW |
| (Document Number of Corpora | ition (if known) | | 19 | _ |
| ursuant to the provisions of section 617.1006, Florida Statutes mendment(s) to its Articles of Incorporation: | s, this <i>Florida Not Fo</i> | or Profit Corpoi | ration adopts the | following |
| Love Your Nergame must be distinguishable and contain the word "corporate | | rporate | 4 | _The new |
| name must be distinguishable and contain the word "corporate" "Company" or "Co." may not be used in the name. | ion" or "incorporate | d" or the abbre | viation "Corp." | or "Inc." |
| 3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>) | SAME A | s Previou | 25 | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | 45 Prev | (in 15 | - |
|). If amending the registered agent and/or registered office | e address in Florida | | | - |
| new registered agent and/or the new registered office ac | aaress: | | | |
| • | (Florida street address) | | | |
| New Registered Office Address: | | | | |
| | | , Florida _ | | |
| (City) | | (Zip Co | ode) | |
| w Registered Agent's Signature, if changing Registered Abereby accept the appointment as registered agent. I am fan | | the obligations | of the position. | |
| Signature of New Registe | ered Agent if changi | σ | | |

Page 1 of 4

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: X Change X Remove X Add | <u>PT</u> <u>V</u> <u>SV</u> | John Doe Mike Jones Sally Smith | Not Appli | c4ble. |
|----------------------------------|------------------------------------|---------------------------------------|-----------|-----------------|
| Type of Action (Check One) | Title | <u>Name</u> | | <u>Addres</u> s |
| 1) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 2) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 3) Change | | - | | |
| Add | | | | |
| Remove | | | | |
| 4) Change | | | | |
| Add | | | | |
| Remove | | | | - |
| 5) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 6) Change | | | | |
| Add | | | | |
| Remove | | | | |

| E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) |
|---|
| Love Your Neighbor Incorporated, is under |
| the Umbrella Organization of Los Caminoscle |
| Israel Inc., and will function as the Social |
| Service arm of Los Caminos de Israel. |
| Love Your Neighbur Incorporated as a not for |
| Profit Drganization will seek to provide Health |
| Housing, Shelter, food, and other community |
| needs as its primary Mission without |
| discrimination to Ruce, Ethnicity, Religious |
| and or Sexual Orientation. |
| Love your Neighbor incorporated will |
| raise funds, Grants, donations to provide |
| Such needs to the local Pade, Broward |
| gralm Beach and other areas and Counties |
| as needed. |
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| The date of each amendment(s) adoption: $\frac{2/7/13}{}$ |
|--|
| Effective date if applicable: 2/7/13 |
| (no more than 90 days after amendment file date) |
| |
| Adoption of Amendment(s) (CHECK ONE) |
| The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval. |
| There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors. |
| Dated $\frac{2/7/13}{}$ |
| Signature Rable: Morrago Ofen |
| (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) |
| other count appointed inductary by that inductary) |
| Rabbi Mariano (Moshe) Oten |
| (Typed or printed name of person signing) |
| President |
| (Title of person signing) |