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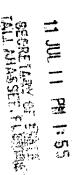
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: SHEMA ISRA	EL MESSIANIC JEWISH	CONGREGAT
DOCUMENT NUMBER: N10000006727		
The enclosed Articles of Amendment and fee are sul	bmitted for filing.	
Please return all correspondence concerning this mat	tter to the following:	
	IER BEN YEHUDA	
(Name of	f Contact Person)	
SHEMA ISRAEL MESSIANIC	JEWISH CONGREGATION M	ДI, IMAI
(Firm	n/ Company)	
6245 SW KENDALL	LE LAKES CIRCLE, A-100	
	Address)	
MIAN	11, FL 33183	
	te and Zip Code)	
rabbi.avner.ber	n.yehuda@gmail.com	
	d for future annual report notification	n)
For further information concerning this matter, please	e call:	
RABBI, AVNER BEN YEHUDA	at (_ 786 _) 344-1587	
(Name of Contact Person)	(Area Code & Daytime	Telephone Number)
Enclosed is a check for the following amount made p	ayable to the Florida Department of	State:
□\$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is	□ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building	

Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation of SHEMA ISRAEL MESSIANIC JEWISH CONGREGATION MIAM (Name of Corporation as currently filed with the Florida Dept. of State) N10000006727 (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 amending name, enter the new name of the corporation: SHEMA ISRAEL, INC. The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. NONE B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: NONE (Muiling address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: NONE Name of New Registered Agent:

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

(Florida street address)

Florida (Zip Code)

The date of each amendment	(s) adoption; May 31, 2011
Effective date <u>if applicable</u> :	(date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we was/were sufficient for app	re adopted by the members and the number of votes cast for the amendment(s) roval.
There are no members or adopted by the board of di	nembers entitled to vote on the amendment(s). The amendment(s) was/were ectors.
Dated May	31, 2011
Signature_	r DM
hav	the chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)
	RABBI - ABNER BEN YEHUDA
	(Typed or printed name of person signing)
	RABBI, PRESIDENT
	(Title of person signing)

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