# N11000001888

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MALLAHASSEE FLORIDA

Amerd Tleurs 9-27-11

### **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: JEWISH	BLUEPRINTS IN	C.
		1.000	
DOCUMENT NUM	BER: N 11 00000	71888	
The enclosed Article	s of Amendment and fee are sub	omitted for filing.	
Please return all corr	espondence concerning this mat	ter to the following:	
	HERSHEL D.	BECKER	
	(Name of	Contact Person)	
	JEWISH BLUI	EPRINTS INC	
	(Firm	n/ Company)	
	8003 SW 1a	O STREET Address)	
	(4	Address)	
	MIAML FL	331 <i>56</i> te and Zip Code)	
	(City/ Sta	te and Zip Code)	
	beckersina @ E-mail address: (to be use	ao(, co m d for future annual report notificati	ion)
For further information	on concerning this matter, please	e call:	
SIMA B	ECKER	at ( <u>305</u> ) <u>450 93</u> (Area Code & Daytime	310
(Name	of Contact Person)	(Area Code & Daytime	e Telephone Number)
Enclosed is a check f	or the following amount made p	payable to the Florida Department of	of State
☑\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Gopy is enclosed)
Amer Divis P.O.	ing Address Indment Section Indicate the Address Indicate the Indicate th	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

September 16, 2011

HERSHEL D. BECKER JEWISH BLUEPRINTS INC. 8003 SW 120 STREET MIAMI, FL 33156

SUBJECT: JEWISH BLUEPRINTS INC.

Ref. Number: N11000001888

We have received your document for JEWISH BLUEPRINTS INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 911A00021480

#### Articles of Amendment to Articles of Incorporation of

FILED

11 SEP 24 AM 8: 25

SECRETARY OF STATE

JEWISH	BLUEPRINTS I	NC. TABLAHASSEE FLO		
(Name of Corporation as curren		. of State)		
N 11 000	000 1 888			
(Document Numb	per of Corporation (if known)			
Pursuant to the provisions of section 617.1006, F he following amendment(s) to its Articles of Income.		For Profit Corporation adopt		
A. If amending name, enter the new name of the corporation:				
The new name must be distinguishable and conabbreviation "Corp." or "Inc." "Company" or				
B. Enter new principal office address, if appli				
Principal office address <u>MUST BE A STREET</u>	(ADDRESS)			
C. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE	<u> </u>			
<ol> <li>If amending the registered agent and/or reg new registered agent and/or the new registered.</li> </ol>		da, enter the name of the		
new registered agent and/or the new registe	ereu office address:			
Name of New Registered Agent:				
New Registered Office Address:	(Florida street address	)		
_		, Florida (Zip Code)		
	(City)	(Zip Code)		
New Registered Agent's Signature, if changing	Registered Agent:			
I hereby accept the appointment as registered a position.	agent. I am familiar with and	l accept the obligations of th		

Signature of New Registered Agent, if changing

## 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)

**Address Type of Action Title Name** VICE President Chaim Kryksman 23 Rena Lane Add Lakewood, NJ 06701 1 Remove 23 Rena Lane Add
Lakewood, NJ08701 PRemove Secretary Devora Kryksman Sima Becker 8003 SW 120 Streed □ Add Treasuror Miami, FL 33156 M Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

## 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
Vice President	Terri-Ann Miller	3313 Laurel Dak Street Hollywood, FL 33312	☐ Add ☐ Remove
Socrotary	Sima Becker	8003 SW 120 Street Migmi, FC 33156	☑ Add ☐ Remove
Treasurer	Chayim Kesslov	630 NE 175 StreeD North Miami Beach, FL 33162	☐ Add ☐ Remove
	g or adding additional Articles, enter c		
(attach addi	tional sheets, if necessary). (Be specific	c) 	
			·
- W- N-			
			<del></del>

The date of each amendment(s) adoptio	on: August 2,2011
-	(date of adoption is required)
Effective date <u>if applicable</u> : (n	no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopted by was/were sufficient for approval.	by the members and the number of votes cast for the amendment(s)
There are no members or members en adopted by the board of directors.	titled to vote on the amendment(s). The amendment(s) was/were
Dated Septemb	per 2,2011
(By the chairman have not been s	an or vice chairman of the board, president or other officer-if directors selected, by an incorporator – if in the hands of a receiver, trustee, or ointed fiduciary by that fiduciary)
<u>   </u> 14e	TRSHEL D. BECKER  (Typed or printed name of person signing)
	PRESIDENT (Title of person signing)