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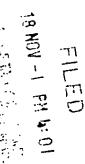
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## COVER LETTER

TQ: Amendment Section Division of Corporations

Tallahassee, FL 32314

The Torah Acader NAME OF CORPORATION:	my Development Co	orporation		
DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are sub-				
Please return all correspondence concerning this matt	er to the following:			
Daniel Kaskel				
· · · · · · · · · · · · · · · · · · ·	(Name of Contact P	erson)	-	
Sachs Sax Caplan, P.L.				
	(Firm/ Company	y)		
6111 Broken Sound Parkway NW Suite 200				
	(Address)			
Boca Raton, FL 33487				
	(City/ State and Zip	Code)		
dkaskel@ssclawfirm.com				i/
E-mail address: (to be used	f for future annual rep	ort notification	n)	
For further information concerning this matter, please	call:			
Daniel Kaskel	ot	561	994-4499	
(Name of Contact Person	at		(Daytime Telephone Number)	
inclosed is a cheek for the following amount made pa	yable to the Florida I	Department of S	State:	
■ \$35 Filing Fee		Certifi Certifi	) Filing Fee cate of Status ed Copy ional Copy is sed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations Clifton Building			

2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

The Torah Academy Development Corporation (Name of Corporation as currently filed with the Florida Dept. of State) N11000011617 (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: 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. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS ) .... (30) C. Enter new mailing address, if applicable: (Mailing 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: Name of New Registered Agent: (Florida street address) New Registered Office Address: (Zip Code) New Registered Agent's Signature, if changing Registered Agent: 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

## 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 Doc 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example, X.Change X.Remove X. Add	$\underline{V} = \underline{Mik}$	<u>i Doe</u> e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
	Assistant		
1) Change	Treasurer	Chaim Glazer	3881 NW 3rd Avenue
X Add			Boca Raton, FL 33431
Remove			<del></del>
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			<del> </del>
5) Change			
Add			
Remove			
6) Change		•	
or change			
Add			
Remove			

. <u>If amending or adding add</u> (attach additional sheets, if)	recessary). (Be	r specific)				
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	e date of each amendment(s) adoption:	_, if other than the
date	e this document was signed.	
Èffe	ective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)	
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not cument's effective date on the Department of State's records.	be listed as the
Add	option 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 10/30/2018	
	Signature Signature	_
	(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)	
	Danny Abrams	
	(Typed or printed name of person signing)	
	Co- President	
	(Title of person signing)	