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COVER LETTER

Division of Corporations Beit Sheekoom, Inc. NAME OF CORPORATION: **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Beit Sheekoom
(Firm/Company) (City/ State and Zip Code) 2p+10ans @ Vahoo, corv E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Patterson at (407) 234-7455 (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 Certified Copy (Additional Copy is enclosed) Enclosed)

Mailing Address

TO: Amendment Section

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Congregation B	beit Sheekoom	Inc.
(Name of Corporation as currently filed with the Flor	ida Dept. of State)	J .
N1200000	25985	
(Document Number of Corporat	*	
Pursuant to the provisions of section 617.1006, Florida Statutes amendment(s) to its Articles of Incorporation:	s, this <i>Florida Not For Profit Corporation</i>	adopts the following
A. If amending name, enter the new name of the corporation	on:	
NIA		Tl.
name must be distinguishable and contain the word "corporation "Company" or "Co." may not be used in the name.	on" or "incorporated" or the abbreviation	The new on "Corp." or "Inc."
	A1 / A	*
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A	
(Trincipul office unuless <u>most be A STREET ADDRESS</u>)		20 20 20 20 20 20 20 20 20 20 20 20 20 2
		- E
•		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA	T. PHI
(Framing wantess MAT BE A TOST OF FICE BOX)		
-		<u></u>
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 ad		<u>iire</u>
Name of New Registered Agent: N	A	
New Registered Office Address:	Florida street address)	
	, Florida	
(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered A	Agent:	
I hereby accept the appointment as registered agent. I am fam	iliar with and accept the obligations of th	e position.
Signature of New Registe	ered 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 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	PT John I V Mike SV Sally	<u>Jones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	VP	Hugh A. Davis	123 Rona Lane Davengort, FL 33897
2) Change Add	VP_	Ian Patterson	11567 Vicolo Loop Windermere FL
Remove 3) Change Add	5/D	Diana Davis	34786 123 Rona Lanc Daving OH+ FL
Remove 4) Change Add	SID	Purnell Patterson	33897 1024 Landriew Ct Ollando, FZ
Remove 5) Change Add	D	Jan Patterson	32828 11567 VICOLO LOOP Windermere FL
Remove Change Add	D	Tricia Pride	34786 2024 SW Pruit-St Port St Lucic, FL
Remove		Page 2 of 4	34953

E. If amending or additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)					
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The	e date of each amendment(s) adoption: Seftember 6, 2012	_		
Eff	ective date <u>if applicable</u> :			
(no more than 90 days after amendment file date)				
Ada	option of Amendment(s) (CHECK ONE)			
Ø	The amendment(s) was/vere 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 9/6/12			
	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)			
	Zephlin Patterson			
•	(Typed or printed name of person signing) President			

(Title of person signing)