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Division of Corporations

: (850)617-6380

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Account Name : GILMAN CIOCIA INC.

Account Number : I20120000051 Phone : (305)937-7773

Fax Number : (815)301-2897

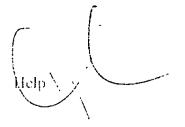
\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

## COR AMND/RESTATE/CORRECT OR O/D RESIGN SHUVA ISRAEL AVENTURA INC

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## Articles of Amendment to Articles of Incorporation of

SHUVA ISRAEL AVENTURA INC		
(Name of Corporation as currently filed with the FI	orida Dept. of State)	
N12000010221		
(Document	Number of Corporation (if k	nown)
Pursuant to the provisions of section 617,1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not Fo	or Profit Corporation adopts the following
A. If amending name, enter the new name of the co	rporation:	
name must he distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	prporation" or "incorporated	The new f" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:		
(Principal office address MUST BE A STREET ADD.		The state of the s
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	)	- Company of the contract of t
). If amending the registered agent and/or registers	d office address in Florida,	
new registered agent and/or the new registered o		
Name of New Registered Agent:		
	¢i lo	rida sireet addi cesi
New Registered Office Address:	13 10	TOTAL STEEL BRAINESS!
		Florida
	(City)	(Zip Code)
lew Registered Agent's Signature, if changing Regis hereby accept the appointment as registered agent. To		he obligations of the position,
	Signature of New Register	red 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 lener of the office title.

P = President; V = Vice Prasident; 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 V Mike SV Sally	Jones	
Type of Action (Check One)	Title	<u>Name</u>	Address
Change Add	<u>S</u>	JESSICA MORRIS	HOLLYWOOD FL 33021
Remove			
2) Change Add			
Remove	And the second second		2022
4) Change Add	~		2022 <sub>1</sub> DEC   3
Remove			•
5) Change Add			AP
Remove			
6) Change Add			
Remove			
E. If amending or addin	ng additional Art	icles, enter change(s) here:	
vattach additional shee	ts, if necessary).	(Be specific)	

The date of each amendment(s) adoption: date this document was signed.  Effective date if applicable:  (no more than 50 days after amendment file date)	
	, if other than the
	9
	AH 10:
	22 DEC 13
	2022

(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.

Adoption of Amendment(s)

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 Derenber 9 July					
Signature					
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an meorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)					
CRESINGN-MOSIC AVITAL					
(Typed or printed name of person signing)					
PRESIDENT					
(Title of person signing)					

2022 DEC 13 AM 10: 19