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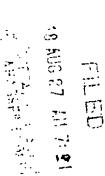
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TO: Amendment Section Division of Corporations

NAME OF CORPORATION	N: BETHLES	EM FOUND	A 1701	J CORP.	
DOCUMENT NUMBER: _	N 150000C	1694			
The enclosed Articles of Am	endment and fee are subn	nitted for filing.			
Please return all corresponde	nce concerning this matter	r to the following:			
EMUNAH	FUNDATIO	J- MAR	THA I	1. DOBRICAN	,
		(Name of Contact Persor	n)		
	Ė	TMUNOH 1	(. لهر) =	ATTON	
		(Firm/ Company)			
7017 1		· - 1	,		
/47/2	OHNSON ST	(Address)			
Pemar	oke Pines	FL 330	24		
	(City/ State and Zip Cod	e)		
mlbe	mail address: (to be used	ril. Com			į,
Б	mail address: (to be used	for future annual report	notification)	
For further information conce	erning this matter, please of	call:			
lalle m	Pies		î (4	100 //23/	
CARLOS M	Name of Contact Person)	at (Ar	rea Code)	(Daytime Telephone Num	ber)
Enclosed is a check for the fo					
⊠ \$35 Filing Fee	□\$43.75 Filing Fee & U Certificate of Status		Certifi Certifi	Filing Fee cate of Status cd Copy ional Copy is sed)	
Mailing Address		Street Address			
Amendmer			Iment Secti	• • •	
Division of Corporations		Division of Corporations			
P.O. Box 6327 Tallahassee, F1, 32314		Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

BETHLESEM FOUNDATION CORP	_
(Name of Corporation as currently filed with the Florida Dept. of State)	
N 15000001694	_
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following timendment(s) to its Articles of Incorporation:	ıg
A. If amending name, enter the new name of the corporation:	
The ne	15,
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 <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	[] -
	Ĺ
	-
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:	
new registered agent and/or the new registered office address.	
Name of New Registered Agent:	_
(Florida street address)	_
New Registered Office Address:	
, Florida	
(City) (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 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	<u>V</u> <u>Mik</u>	n Doe e Jones y Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	<u>T</u>	PRATO, Reinaldo, SR	8310 NW 157 TEX
Add			MIAMI LAKES
X Remove			FL 33016
2) Change	•		
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		····	
Add			
Remove			
6) Change			
Add			
Remove			

L. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)
N/A
N/A

	e of each amendment(s) add document was signed.	option:	8/21/2018	, if other than th
Effectiv	re date <u>if applicable</u> :	(no more th	8/27/2018 an 90 days after amendment file date)	
Note: I docume:	f the date inserted in this bloc nt's effective date on the Dep	ek does not meet t artment of State's	he applicable statutory filing requirement records.	ts, this date will not be listed as the
Adoptic	on of Amendment(s)	(<u>CHECK (</u>	ONE)	
	e amendment(s) was/were ado s/were sufficient for approval		bers and the number of votes east for the	amendment(s)
	ere are no members or member opted by the board of director		e on the amendment(s). The amendment	(s) was/were
	Dated	/ x 1/2018		
	Signature Lav	6 M. 1	us/	
	have not been	n selected, by an i	nan of the board, president or other offic neorporator – if in the hands of a receive by that fiduciary)	
		PARLOS M.	PEREZ	
		(Ту	ped or printed name of person signing)	
			Pusidont (Title of person signing)	
			(Title of person signing)	