N16000001594

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COVER LETTER

TO: Amendment Section Division of Corporations

TEMPLE I	DE LA RESTORATION LW, INC.
N16000001594	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fed	e are submitted for filing.
Please return all correspondence concerning	this matter to the following:
BLAISE, FILS	
	(Name of Contact Person)
TEMPLE DE LA RESTORATION LW. IN	C.
	(Firm' Company)
2417 10TH AVE N	
	(Address)
LAKE WORTH, FL 33461	
	(City/ State and Zip Code)
TEMPLEDELARESTAURATIONLW@G	MAIL.COM
E-mail address: (t	o be used for future annual report notification)
For further information concerning this matte	er, please call:
BLAISE FILS	561 781 - 22 48
(Name of Contact	et Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amoun	t made payable to the Florida Department of State:
□ \$35 Filing Fee ■\$43.75 Filing Certificate of	
Mailing Address Amendment Section	Street Address Amendment Section

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

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

2022 MAR 30 AM 9: 54

TEMPLE DE LA RESTORATION LW, INC.

(Name of Corporation as currently filed with the Florida Dept. of State) N16000001594 (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) 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: __, 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	PT V SV	John Doe Mike Jones Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		Address
1) Change Add				
Remove				
2) Change Add				
Remove 3) Remove Add Remove				
4) Change Add		·		
Remove				
5) Change Add		<u>.</u>		
Remove				
6) Change Add				
E. If amending or addin (attach additional shee				
			organized _TDISSOLUTION C	
	_	• •		exempt purposes within the meaning of
section 501 (e) (3) of the	Internal F	evenue Code, or e	orresponding section of any fut	ure federal tax code, or shall be distribut
to the federal government	i or to a st	ite or local goyern	ment, for a public purpose.	

		
		
		
		
		
		
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· , , -		
	 	
The date of each amendment(s) as	loption;	, it other than the
date this document was signed.		
Effective date <u>if applicable</u> :	tno more than 90 days after amendment file date)	· · - · ·
	tno more than 90 days after amendment file date)	
Note: If the date inserted in this blodocument's effective date on the De	ck does not meet the applicable statutory filing requireme partment of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
—		
The amendment(s) was/were a was/were sufficient for approv	lopted by the members and the number of votes east for this.	ne amendment(s)

	Dated	03/21/2022
	Dated	
¥	Signature	. Blood
	•	(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)
		BLAISE FILS
		(Typed or printed name of person signing)

(Title of person signing)