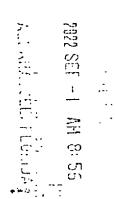
## N16000002423

(Re	questor's Name)	
(Ada	dress)	
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

CHABAD OF HOLI NAME OF CORPORATION:	LYWOOD HILLS, INC		
DOCUMENT NUMBER: N16000002423			
The enclosed Articles of Amendment and fee are sub-	mitted for filing.		
Please return all correspondence concerning this matt	er to the following:		
JOEL BAUM			
	(Name of Contact Per	son)	
BAUM & COMPANY, P.A.			
	(Firm/ Company)		
4310 SHERIDAN STREET, SUITE 202			
	(Address)		
HOLLYWOOD, FLORIDA 33021			
	(City/ State and Zip C	ode)	
JBAUMCPA1@GMAIL.COM			
E-mail address: (to be used	for future annual repo	rt notificatio	n)
For further information concerning this matter, please	: call:		
JOEL BAUM	at at	954	954-899-1712
(Name of Contact Person	at (	Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made p	ayable to the Florida D	epartment of	State:
□ \$35 Filing Fee ■\$43.75 Filing Fee & Certificate of Status		Certif Certif	ied Copy tional Copy is
Mailing Address  Amendment Section  Division of Corporations	Street Address Amendment Section Division of Corporations		

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 CHABAD OF HOLLYWOOD HILLS, INC. (Name of Corporation as currently filed with the Florida Dept. of State) N16000002423 (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; THE SHUL OF HOLLYWOOD HILLS, INC. -The new 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 N-A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (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: N/A , 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

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<u>.                                    </u>	
	11.0
The date of each amendment(s) adoption:ate this document was signed.	, if other than the
Effective date <u>if applicable</u> :  (no more than 90 days after amendment	
(no more than 90 days after amendment	t file date)
Note: If the date inserted in this block does not meet the applicable statutory filing	g requirements, this date will not be listed as the

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

(CHECK ONE)

document's effective date on the Department of State's records.

Adoption of Amendment(s)

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 Do V Mike Jo SV Sally Sr	nes	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change × Add	<u>V-P. TR</u>	MALKA KITCHNER	2215 N. 46TH STREET HOLLYWOOD, FL 33021
Remove  2) Change × Add	DIR	ILYA TSISIN	2215 N. 46TH STREET HOLLYWOOD, FL 33021
Remove 3 ) Remove	PRES	SHNEUR BERGER, JR.	2215 N. 46TH STREET HOLLYWOOD, FL 33021
4) Change Add	DIR	MENACHEM M. KORF	2215 N 46TH STREET HOLLYWOOD, FL 33021
<ul> <li>× Remove</li> <li>5) Change</li> <li> Add</li> </ul>	DIR	SHAWN SNOW	2215 N. 46TH STREET HOLLYWOOD, FL 33021
<ul> <li>× Remove</li> <li>6) Change</li> <li> Add</li> </ul>	DIR	GEORGE ALBO	2215 N. 46TH STREET HOLLYWOOD, FL 33021
E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	

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 8/8/2022
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)
SHMUEL EDWARDS
(Typed or printed name of person signing)
PRESIDENT

(Title of person signing)

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