N16000011732

(R	Requestor's Name)
(A	address)
(A	oddress)
(C	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B	Business Entity Name)
(C	Document Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:

Office Use Only



500348552915

07/22/20--01036--018 **43.75

RECEIVED
JUL 1 4 2020



COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: CHAFE SARAH CORP.
DOCUMENT NUMBER: N10000011732
DOCUMENT NUMBER: 14 14 0000 1000
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
VICKY HJUELDS (Name of Contact Person)
CHAYEI SARAH COKP
5790 STIRLINGRO APT 304
Hollywood, FL 3302
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
(Name of Contact Person) at 786 4203169 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
☐ \$35 Filing Fee
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

Articles of Incorporation of

Chauxi Scrah COD	_
(Name of Corporation as currently filed with the Florida Dept. of State)	
N 160000 11222	
(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 followin amendment(s) to its Articles of Incorporation:	Ŗ
A. If amending name, enter the new name of the corporation:	
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.	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) +5140000, FL 33021	<u>-</u> 360 -
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: VICKY HIVELOS	- ,
5790 STIPLING LO APT30	X
New Registered Office Address:	
Hollywood Fl., Florida 330Z	L
New Registered Agent's Signature, if changing Registered Agent:	
Thereby accept the appointment as registered agent.—I am familiar with and accept the obligations of the position.	_
Signature of Www 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 Doc 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 Doc, 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>	<u>n Doc</u> <u>c Jones</u> <u>y Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) X Change Add	PT	Vicky Hyvelos	5790 STIKUNG RD apt 304, PL 3302
Remove 2) Change Add		DAVID VAKOAS	HABAKUK HANABI Bet SHEMESH, ISYAE
Remove Change Add Remove	<u> </u>	FEILUVE SHADAR	DEF SHEMESH, ISEAE
4) Change Add	7	PANO KUK	HABAXUK HAMARI S BET SHEMESI ISRAE
Remove 5) Change Add			
Remove 6) Change Add			
Remove			
E. If amending or ado (attach additional sh		Articles, enter change(s) here: c). (Be specific)	

-				
	-		- <u>-</u>	
				
				<u></u>
				
				
		<u> </u>		
	<u> </u>			
				
				
		·		
				16 odboodbood Ab
The date of each amendment(s) adoption: _ date this document was signed.				_, ii omer man me
Dec et al. 16 No. 14	22/20	20 cr amendment file date)		
Effective date <u>if applicable</u> :	more than 90 days aft	cr amendment file date)		
Note: If the date inserted in this block does n document's effective date on the Department	ot meet the applicable			be listed as the
Adoption of Amendment(s) (C				
The amendment(s) was/were adopted by	the members and the r	number of votes east 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 $\frac{3(7/2026)}{(4\pi)^{1/2}}$			
Signature (By the chairman or wee 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)			
(Typed orprinted name of person signing)			
PRESIDENT			
(Title of person signing)			