N20 000004751

(Re	questor's Name)	_
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(Cit	y/State/Zip/Phone	#)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATIO	YEDIDIM USA INC					
	N20000004751				-	
DOCUMENT NUMBER:						
The enclosed Articles of Am	endment and fee are subr	mitted for filing.				
Please return all corresponde	nce concerning this matte	er to the following:				
ERAN HAZAN						
		(Name of Contact	Person)			
YEDIDIM USA INC						
		(Firm/ Compa	மy)			
5410 NW 12TH AVE						
		(Address)				
FORT LAUDERDALE, FL	33309					
		(City/ State and Z	ip Code)			
eran@hazans.com						
Е	-mail address: (to be used	d for future annual	report no	tification)	
For further information conc	erning this matter, please	e call:				
ERAN HAZAN			954 at		822-6157	
	(Name of Contact Person	1)		Code)	(Daytime Telep	ohone Number)
Enclosed is a check for the f	oilowing amount made p	ayable to the Floric	la Departi	nent of l	State:	
□ \$35 Filing Fce	□\$43.75 Filing Fee & Certificate of Status	■\$43.75 Filing F Certified Copy (Additional cop enclosed)		Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)	

Mailing Address
Amendment Section
Division of Corporations P.O. Box 6327

Street Address

Amendment Section Division of Corporations The Centre of Tallahassee

Articles of Amendment Articles of Incorporation FILED

	of	2021 MAR 19 PH 4: 39
YEDIDIM USA INC		SUPPLY OF STATE
Name of Corporation as currently filed with the Florida I	Dept. of State)	SECRETARY OF STATE
N20000004751		
(Document Numb	er of Corporation	(if known)
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this <i>Florida N</i>	ot For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporat	<u>ion:</u>	
		The new
name must be distinguishable and contain the word "corpora	tion" or "incorpo	orated" 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	\	
(Principal office address MOST BE A STREET ADDRESS	, 	
C. C. A. C. C. C. Miller address if anotherhouse		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered off		orida, enter the name of the
new registered agent and/or the new registered office:	agoress:	
Name of New Registered Agent:		
		Charles II and
New Registered Office Address:		(Florida street address)
		. Florida
	(City)	(Zip Code)

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 Do Mike Jo Sally Sr	ones	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change Add		_		
Remove				
2) Change Add		_		
Remove 3) Remove Add Remove		-		
4) Change Add		-		
Remove 5) Change Add Remove		_		
6) Change Add Remove		_		
	g addition	onal Arti essary).	icles, enter change(s) here: (Be specific)	
			WITH THE FOLLOWING:	
THE FUNDAMENTAL	AND PR	IMARY	PURPOSE OF THE ORGANIZATION IS	TO BRING TOGETHER
VOLUNTEERS AND P	ROFESSI	ONALS	TO ADDRESS PROBLEMS AND NEEDS	IN THE SOUTH FLORIDA
JEWISH COMMUNITY	, WHETI	IER FIN	ANCIAL OR OTHER TYPES OF ISSUES	THAT NEED TO BE ADDRESSED.

501(C)(3). UPON THE DISSOLUTION OF THIS ORGANIZATION, ASSETS SHALL BE DIST	TRIBUTED FOR ONE
OR MORE EXEMPT PURPOSES WITHIN THE MEANING OF SECTION 501(C)(3) OF THE	INTERNAL REVENUE
CODE OR CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE, OR SHA	ALL BE DISTRIBUTED
TO THE FEDERAL GOVERNMENT, OR TO A STATE OR LOCAL GOVERNMENT, FOR A	PUBLIC PURPOSE.
	.
The date of each amendment(s) adoption:	if other than the
date this document was signed.	, , , , , , , , , , , , , , , , ,
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, document's effective date on the Department of State's records.	this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the members and the number of votes cast for the ar	mendment(s)
was/were sufficient for approval.	

Dated	NOVEMBER 1, 2020
	-
Signatu	те
	(By the chairman or vice chairman of the board, president or other officer-if director have not been selected, by an incorporator – if in the hands of a receiver, trustee, or
	other court appointed fiduciary by that fiduciary)
	other court appointed fiduciary by that fiduciary) ERAN HAZAN
	other court appointed fiduciary by that fiduciary)