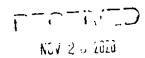
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Michel

LALBRITTON

COVER LETTER .

TO: Amendment Section Division of Corporations

LEV ZAHAV AND A NAME OF CORPORATION:	CHAI FOR LIFE CORP
N20000012416	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submi	itted for filing.
Please return all correspondence concerning this matter	to the following:
DORON NISSIM	
(1)	Name of Contact Person)
LEV ZAHAV AND ACHALFOR LIFE CORP	
	(Firm/ Company)
9045 LA FONTANA BLVD, STE 105	
	(Address)
BOCA RATON, FL 33498	
	City/ State and Zip Code)
doron9544495306@gmail.com	
E-mail address: (to be used f	or future annual report notification)
For further information concerning this matter, please c	all:
DORON NISSIM	954 449-5306 at
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made pay	able to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fee & □ Certificate of Status	☐S43.75 Filing Fee & ☐S52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is Enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address 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

LEVIZAHAV AND ACHALFOR LIFE CORP

orida <u>Dept. of State</u>)		
Number of Corporation (f known)	
Statutes, this Florida Not	For Profit Corporation adopts the	following
orporation;		
		The new
orporation" or "incorpore	ited" or the abbreviation "Corp." o	r "Inc."
<u> </u>		,
<u>ORESS</u>)		
		,
<u></u>		
		F.:
		۷,
	da, enter the name of the	
office address:		
	 -	
	(Florida street address)	
	, Florida	
(City)	(Zip Code)	
i <mark>stered Agent:</mark> I am familiar with and acc	ept the obligations of the position.	
Signature at N.n.e Re	ristored Ament if changing	
	Number of Corporation (i Statutes, this Florida Not rporation: Orporation or "incorporation" or "incorporation" RESS) ed office address in Flori office address: (City) istered Agent: I am familiar with and acc	Number of Corporation (if known) Statutes, this Florida Not For Profit Corporation adopts the rporation: orporation: orporation or "incorporated" or the abbreviation "Corp." of the abbreviation "Corp." of the address of the office address: (Florida street address) (City) Florida (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: XChange X Remove X Add	$\frac{PT}{V} \\ \frac{SV}{S}$	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
l) Change Add			
Remove			
2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or additional sheet		nal Articles, enter change(s) here: ssary). (Be specific)	
ARTICLE III SHOULD	BE REPL	ACED WITH THE FOLLOWING:	
THE PURPOSE OF THE	EORGAN	SIZATION IS TO HELP PEOPLE IN NEED.	
THE ORGANIZATION	IS ORGA	NIZED EXCLUSIVELY FOR CHARITABLE, I	RELIGIOUS, EDUCATIONAL, AND
SCIENTIFIC PURPOSE	S UNDEF	R SECTION 501(C)(3) OF THE INTERNAL RE	VENUE CODE, OR
CORRESPONDING SE	CTION O	F ANY FUTURE FEDERAL TAX CODE.	

NO PART OF THE NET EAR	RNINGS OF THE CORPORATION SHALL INURE TO THE BENEFIT OF, OR BE	
DISTRIBUTABLE TO ITS M	IEMBERS, TRUSTEES, OFFICERS, OR OTHER PRIVATE PERSONS, EXCEPT T	HAT
THE CORPORATION SHAL	L BE AUTHORIZED AND EMPOWERED TO PAY REASONABLE COMPENSA	TION
FOR SERVICES RENDERE	D AND TO MAKE PAYMENTS AND DISTRIBUTIONS IN FURTHERANCE OF T	THE
PURPOSES DESCRIBED IN	SECTION 501(C)(3). NO SUBSTANTIAL PART OF THE ACTIVITIES OF THE	
CORPORATION SHALL BE	THE CARRYING ON OF PROPAGANDA, OR OTHERWISE ATTEMPTING TO	
INFLUENCE LEGISLATION	N, AND THE CORPORATION SHALL NOT PARTICIPATE IN, OR INTERVENE I	N N
(INCLUDING THE PUBLISI	HING OR DISTRIBUTION OF STATEMENTS) ANY POLITICAL CAMPAIGN ON	٧
BEHALF OF OR IN OPPOSI	ITION TO ANY CANDIDATE FOR PUBLIC OFFICE. NOTWITHSTANDING ANY	ı´
OTHER PROVISION OF TH	ESE ARTICLES, THE CORPORATION SHALL NOT CARRY ON ANY OTHER	
ACTIVITIES NOT PERMIT	TED TO BE CARRIED ON (A) BY A CORPORATION EXEMPT FROM FEDERAL	
INCOME TAX UNDER SEC	TION 501(C)(3) OF THE INTERNAL REVENUE CODE, OR THE CORRESPOND	ING
SECTION OF ANY FUTURE	E FEDERAL TAX CODE, OR (B) BY A CORPORATION, CONTRIBUTIONS TO	
WHICH ARE DEDUCTIBLE	UNDER SECTION 170(C)(2) OF THE INTERNAL REVENUE CODE, OR THE	
CORRESPONDING SECTIO	ON OF ANY FUTURE FEDERAL TAX CODE.	
		
The date of each amendment date this document was signed	•	, if other than the
Effective date <u>if applicable</u> :	NOVEMBER 9, 2020	
	(no more than 90 days after amendment file date)	
	his block does not meet the applicable statutory filing requirements, this date will not be be because of State's records.	e listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	

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

Dated	NOVEMBER 5, 2020
Signatt	(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)
	DORON NISSIM
	(Typed or printed name of person signing)