N20000012417

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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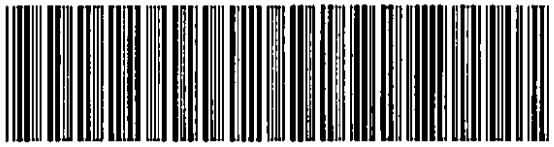

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: THE NOAHIDE COMMUNITY FOUNDATION, INC.

DOCUMENT NUMBER: N20000012417

The enclosed ***Articles of Amendment*** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SHARA CHABAKJI

(Name of Contact Person)

THE NOAHIDE COMMUNITY FOUNDATION, INC.

(Firm/ Company)

1350 SW 13TH CT.

(Address)

POMPANO BEACH, FL 33069

(City/ State and Zip Code)

ADMIN@NOAHIDECOMMUNITY.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SHARA CHABAKJI at 954 513-5726

(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ $35 Filing Fee ☒ $43.75 Filing Fee & Certificate of Status ☐ $43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ $52.50 Filing Fee Certificate of Status Certified Copy (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

THE NOAHIDE COMMUNITY FOUNDATION, INC.

(**Name of Corporation as currently filed with the Florida Dept. of State**)

N20000012417

(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:

N/A

*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)

N/A

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

N/A

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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: N/A

New Registered Office Address:

(Florida street 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, PST as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

X Change	PT	John Doe
X Remove	V	Mike Jones
X Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) ____ Change ____ Add	ADMN	KATY HOLLADAY (Remove)	PO BOX 1410 LAMESA, TX 79331
X Remove			
2) X Change ____ Add	ADMN	ALAN KRANZ (Change Address)	1350 SW 13TH CT POMPANO BEACH, FL 33069
____ Remove			
3) ____ Change X Add ____ Remove	ADMN	CHARLES CHABAKJI (Add)	1350 SW 13TH CT POMPANO BEACH, FL 33069
4) ____ Change ____ Add			
____ Remove			
5) ____ Change ____ Add			
____ Remove			
6) ____ Change ____ Add			
____ Remove			

E. **If amending or adding additional Articles, enter change(s) here:**
(attach additional sheets, if necessary). (Be specific)

1 OF 2 AMMENDMENTS. Please ammend the following article:

ARTICLE III

The specific purpose for which this corporation is organized is:

The organizaton is organized exclusively for charitable, religious, educational, scientific, and advocacy purposes under section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code.

2 OF 2 AMMENDMENTS. Please ammend the following:

ADDING A DISSOLUTION CLAUSE

Upon the dissolution of this organization, assets shall be distributed 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 shall be distributed to the federal government, or to a state or local government, for a public purpose.

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The date of each amendment(s) adoption: 01/01/2021, if other than the date this document was signed.

Effective date if applicable: 01/01/2021

(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, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) **(CHECK ONE)**

☐ The amendment(s) was/were adopted by the members and the number of votes cast 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 4/27/2021

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)

SHARA CHABAKJI

(Typed or printed name of person signing)

CEO

(Title of person signing)

April 27th 202

C120780817970

NOTARY PUBLIC

BHARGAVI PATEL
Notary Public, State of Florida
Commission# GG 167129
My comm. expires Dec. 11, 2021

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