## U20000 12411

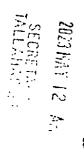
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Luca
J. HORNE JUL 2 1 2023
- LOLJ

Office Use Only



400408458324

05/12/23--01010--021 \*\*43.75





## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Attached is a form for filing Articles of Amendment to amend the articles of incorporation of a Florida Not for Profit Corporation pursuant to section 617,1006, Florida Statutes. This is a basic amendment form and may not satisfy all statutory requirements for amending.

A corporation can amend or add as many articles as necessary in one amendment.

- The original incorporators cannot be amended.
- If amending the name of the corporation, the new name must be distinguishable on the records of the Florida Department of State. A preliminary search for name availability can be made through the Division's website at www.sunbiz.org. You are responsible for any name infringement that may result from your corporate name selection.
- If amending the registered agent, the new agent must sign accepting the appointment and state that he/she is familiar with the obligations of the position.
- ➤ If amending/adding officers/directors, list titles and addresses for each officer/director.

If a section is not being amended, enter N/A or Not Applicable. The document must be typed or printed and must be legible.

The document must be typed or printed and must be legible.

Pursuant to section 617.0123. Florida Statutes, a delayed effective date may be specified but may not be later than the 90th day after the date on which the document is filed.

Filing Fee	\$35.00 (Includes a letter of acknowledgment)

Certified Copy (optional) \$8.75

Certificate of Status (optional) \$8.75

Send one check in the total amount made payable to the Florida Department of State.

Please include a letter containing your telephone number, return address and certification requirements, or complete the attached cover letter.

Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, Fl. 323142415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

For further information, you may call the Amendment Section at (850) 245-6050

CR2E009 (4/15)

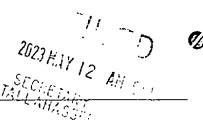
## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:THE NOAHIDE CO	MMUNITY FOUNDAT	TON, INC.	
N20000012417 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are subr	nitted for tiling.		
Please return all correspondence concerning this matte	er to the following:		
SHARA CHABAKЛ			
	(Name of Contact Perso	n)	
NOAHIDE COMMUNITY FOUNDATION, INC.			
	(Firm/ Company)	· · · ·	
10380 SW VILLAGE CENTER DR. #238			
	(Address)		
PORT SAINT LUCIE, FLORIDA, 33069			
	(City/ State and Zip Cod	le)	
SHARA@LIVEMORAL.COM			
E-mail address: (to be used	Tor future annual report	notification	
For further information concerning this matter, please	call;		
SHARA CHABAKJI	85 at	35	999-2862
(Name of Contact Person	) (A	rea Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made po	ayable to the Florida Dep	eartment of	State:
\$35 Filing Fee Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi	ed Copy ional Copy is
Mailing Address		Address dment Secti	
Amendment Section Division of Corporations		on of Corpe	
P.O. Box 6327		Centre of T	
Tallahassee, FL 32314			Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of



NOAHIDE COMMUNITY FOUNDATION, INC.

MOMINIA, COMMONTE ET TOOMOMENON, INC.		Marie Comment
(Name of Corporation as currently filed with the Florida	Dept. of State)	Wist.
N20000012417		<u>~;</u>
(Document Nur	nber of Corporation (if k	nown)
Pursuant to the provisions of section 617,1006. Florida Statu amendment(s) to its Articles of Incorporation:	ites, this <i>Florida Not Fo</i>	or Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation CLIFE AND MORAL DEVELOPMENT, INC.	ation:	
		The new
name must be distinguishable and contain the word "corpor" (Company" or "Co." may not be used in the name	ration or "incorporated	i or me appreviation Corp. or inc.
B. Enter new principal office address, if applicable:	10380 SW VILLAG	E CENTER DRIVE
(Principal office address MUST BE A STREET ADDRES.	<u>S</u> ) <sub>#238</sub>	
	PORT SAINT LUCI	E, FL 34987
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	10380 SW VILLAG	E CENTER DRIVE
<u> </u>	#238	
	PORT SAINT LUC	IE, FL 34987
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office.		, enter the name of the
Name of New Registered Agent: N/A	<u></u> -	
New Registered Office Address:	(F	lorīda street address)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registers	ed Agent:	
I hereby accept the appointment as registered agent. I am		the obligations of the position.
13.1	л.	
10.1	#T	

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, 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 De           V         Mike Jo           SV         Sally Sr	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
l) Change Add		ALAN KRANZ (REMOVED)	POMPANO BEACH, FL 33069
X Remove 2) Change			
Add Remove			
3 + Change Add Remove		<del></del>	
4) Change Add		<del></del>	
Remove			
5) Change Add		<del></del>	
Remove			
6) Change Add			
Remove			
E. If amending or additional sheet		icles, enter change(s) here: (Be specific)	
		<u> </u>	

	<u>-</u>		<del></del>
	<u>-</u> .		
	<del></del>		
			<del></del>
<u> </u>			
			<u> </u>
			1.2 2.
	<u> </u>		
<u> </u>	<u> </u>		<del>-</del>
			<del></del>
			if other than the
The date of each amendment(s) addate this document was signed.	loption:		If other than the
05/0	5/2023		
Effective date if applicable:	tno more than 90 days after	r amendment file date)	<del></del>
<u>Note:</u> If the date inserted in this blo document's effective date on the De	ek does not meet the applicable st		late will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )		
☐ The amendment(s) was/were a was/were sufficient for approx	dopted by the members and the nual.	imber of votes east for the amend	ment(s)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
05/05/2023 Dated
Muli
(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)
Executive Director
(Title of person signing)