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COVER LETTER

TO: Amendment Section Division of Corporations

BENZY CHARI NAME OF CORPORATION:	TIES CORPORATION
N21000002569	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are s	submitted for filing.
Please return all correspondence concerning this n	natter to the following:
AV	RAHAM TRAHTEMBERG
	(Name of Contact Person)
	TAXES MIAMI INC.
	(Firm/ Company)
	17450 NE 3 AVE
	(Address)
	NORTH MIAMI BEACH, FL 33162
יו	
	(City/ State and Zip Code)
	I@TAXESPARTNER.COM
E-mail address: (to be t	ised for future annual report notification)
For further information concerning this matter, ple	ease call:
AVRAHAM TRAHTEMBERG	305 205-6200
(Name of Contact Per	
Enclosed is a check for the following amount mad	e payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of State	
Mailing Address	Street Address
Mailing Address Amendment Section	Street Address Amendment Section

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

BENZY CHARITIES CORPORATION

(Name of Corporation as currently filed with the F	lorida Dept. of State)		
N21000002569			
(Document	t Number of Corporat	ion (if known)	
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	a Statutes, this <i>Florida</i>	ı Not For Profit Corpord	ntion adopts the following
A. If amending name, enter the new name of the co	orporation:		
			The new
name must be distinguishable and contain the word "c" ("Company" or "Co." may not be used in the name.	corporation" or "inco	rporated" or the abbrevi	ation "Corp." or "Inc."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD	<u>:</u> DRESS)		
			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>		
			>
		-	(2)
D. If amending the registered agent and/or register new registered agent and/or the new registered		Florida, enter the name	of the
			三章 山下
Name of New Registered Agent:	-		SSE PL
		(Florida street address,	, <u>His 2</u>
<u>New Registered Office Address:</u>			2: 49 E. FL
=		, 1	Florida
	(City)		(Zip Code)
New Registered Agent's Signature, if changing Reg Thereby accept the appointment as registered agent.		d accept the obligations	of the position.
***************************************	Signature of Ne	w Registered Agent, if ch	 Janging

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	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<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			
E. If amending or addin (attach additional shee		onal Articles, enter change(s) here: essary). (Be specific)	
ADDING: "The organiza	tion is or	ganized exclusively for charitable, religious, educ	ational, and scientific purposes
under section 501(c)(3) o	f the Inte	rnal Revenue Code, or corresponding section of a	ny future federal tax code."

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e date of each amendment(s) adoption this document was signed.	1:				, if other than
fective date <u>if applicable</u> :					
	tna mara tha	m 90 days after i	mendment file i	date)	
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		1			عالمما استمالت المسا
te: If the date inserted in this block doe nument's effective date on the Departme	s not meet thent of State's	ne applicable stat records.	utory filing requ	uirements, this date wil	i noi de fisted 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 amendment(s) was/were sufficient for approval.

Signatu	
S	(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)
	MORDECHAI BENZAQUEN

(Title of person signing)