Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : KIM MARKS CPA
Account Number : 120120000072
Phone : (305)895-5815
Fax Number : (305)895-6273

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## COR AMND/RESTATE/CORRECT OR O/D RESIGN TORAH AND CHESSED INC

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## **COVER LETTER**

ΙŪ	: Amenament Sec	ction	
	Division of Corp	рога	tions
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NAME OF CORPORATION	TORAH AND CHE	SSED INC			· :	
DOCUMENT NUMBER:	N21000004639					
The enclosed Articles of Air	nendment and fee are sub	mitted for filing.				
Please return all corresponde	nce concerning this matt	er to the following	:			
Stephen Korn						•
		(Name of Contact	t Person)	<u> </u>	1	·
KIM MARKS CPA PA		•				
_		(Firm/ Comp	any)			
2136 NE 123rd St	•					; ;
		(Address	)			i,
North Miami, FL 33181						
		(City/ State and Z	ip Code)			
Stephen@kimmarkscpa.com	n					
E	-mail address: (to be use	o for future annual	report notificat	ion)		
For further information cond	erning this matter, please	call:				:
Stephen Korn	•	•	305	895-5815	:	
	(Name of Contact Persor	1)		(Daytime Tele	phone Nu	mber)
Enclosed is a check for the f	ollowing amount made p	ayable to the Flori	da Department	of State:		ł
<b>■ \$</b> 35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing F Certified Copy (Additional copenclosed)	Cer by is Cer (Ad	.50 Filing Fee tificate of Status tified Copy Iditional Copy is closed)	•	

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

## (((H21000398512 3)))

Articles of Amendment to

Art	icles of Incorpora of	tion		}
TORAH AND CHESSED INC	<b>3-</b>			•
Name of Corporation as currently filed with the Flori	dn Dept. of State)	·		
N21000004639		•	:	ζ.
(Document No	imber of Corporati	ion (if known)		
Pursuant to the provisions of section 617.1006, Florida Sumendment(s) to its Articles of Incorporation:	atutes, this <i>Florida</i>	Not For Profit Corpora	tion adopts t	he followir
. If amending name, enter the new name of the corp.	oration:			:
			-4 (16)	The ne
name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name.	oration or inco	rporaiea or ine avorevio	июн Согр,	or .inc,
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRE</u>	<u></u>			!
				<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				· 
			<u> </u>	<u>.                                    </u>
D. If amending the registered agent and/or registered new registered agent and/or the new registered off	office address in	Florida, enter the name	of the	. ,
Name of New Registered Agent:				
	<del>-</del>	· .		
New Registered Office Address:		(Florida street address)		- i
		, F	lorida	· · · · · · · · · · · · · · · · · · ·
	(City)	٠	(Zip Code)	
New Registered Agent's Signature, if changing Register		d annual the obligations	eteka majateta	
hereby accept the appointment as registered agent. I a	n januuar wuh an	a accept the obligations o	y ine positio	n. (- 
<del></del>	Signature of Ne	w Registered Agent, if cha	anging	<del></del>

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If amending the Officers and/or Directors, enter the	title and name of each officer/di	rector being removed and title, name,
and address of each Officer and/or Director being ac	lded:	

(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>V</u> <u>Mik</u>	n Doe te Jones y Smith	
Type of Action (Check One)	Title	Name	Address
i) Change	<u>DT</u>	MICHAEL ELLIOT	2136 NE 123RD ST North Miami, FL 33181
_ Remove			
2) Change Add	<del></del>	·	
Remove 3 ) Change Add Remove		· · · · · · · · · · · · · · · · · · ·	
4) Change Add			
Remove .			·
5) Change Add		·	
Remove			
6) Change Add			
Remove			<u> </u>
E. If amending or ad (attach additional si	ding additional . heels, if necessar	Articles, enter change(s) here: y). (Be specific)	
		<del></del>	
		<del></del>	
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doption of Amendment(s)	(CHECK ONE)				· · .	
(ote: If the date inserted in this bloocument's effective date on the De	ck does not meet the applicable spartment of State's records.	statutory filing require	ements, this dat	e will not l	be listed as the	.he
	(no more than 90 days afte	er amendment file dat	e)			
ffective date <u>if applicable:</u>		<u></u>		· •	· 	
he date of each amendment(s) ad ate this document was signed.	opuan;		<del></del>	·	_, if other th	lan '
'he iinte of each omendmentic) ed	antian:	,			اه معلما ا	
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adopted by the board of directors.

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10/25/21

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were

Dated

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)

LEARAN ZARUM

President and Director