N2200000644

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COVER LETTER

Division of Corporations Chesed House, Inc. NAME OF CORPORATION: N22000000644 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Linda von Eberstein (Name of Contact Person) Chesed House, Inc. (Firm/ Company) 4055 Old Jennings Road (Address) Middleburg, FL 32068 (City/ State and Zip Code) lindavon616@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 759-3966 Linda von Eberstein 904 (Area Code) (Daytime Telephone Number) (Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee ■\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed) Mailing Address Street Address Amendment Section Amendment Section

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO: Amendment Section

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

FILED

Chesed House, Inc.		2022 007 4 7
Name of Corporation as currently filed with the Florida Dept. of State)		2022 OCT 17 PM 4: 5
N22000000644		SEURLTANA OF STAT TALLAHASSEE, FL
(Document Numb	ber of Corporation (if kn	iown) IALLAHASSEE, FL
Pursuant to the provisions of section 617.1006, Florida Statut amendment(s) to its Articles of Incorporation:	tes, this <i>Florida Not Fo</i>	r Profit Corporation adopts the following
A. If amending name, enter the new name of the corpora	tion:	
N/A		The new
name must be distinguishable and contain the word "corpord" "Company" or "Co." may not be used in the name.	ntion" or "incorporated	
B. Enter new principal office address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS	E)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
	•	
		
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office:		enter the name of the
Name of New Registered Agent: N/A		
THE STATE OF THE PROPERTY OF THE STATE OF TH		
	(F)	orida street address)
New Registered Office Address:	,	······································
N/A		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered	i Agent	
I hereby accept the appointment as registered agent. I am fa		the obligations of the position.
	·	
S	Signature of New Registe	ered 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 Do V Mike Jo SV Sally St	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
Change Add	VC	James V Crosby	409 Pratt Street Starke, FL 32091
xxxxx Remove			
2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add		·	
Remove			
F. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	
<u>NA</u>		***	
	 		

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The date of each amondment/s) adores	n#4		م د د د م
The date of each amendment(s) adopti date this document was signed.	941:		, if other than the
and this document was signed.			
Effective data if annimable			
Effective date if applicable:	(no more than 90 days after a		······································
	(no more than YU days after a	menament file date)	
Note: If the data incented in this black d	ac not most the ameliants of the	the Glina and the same of the	
Note: If the date inserted in this block dedocument's effective date on the Department.	res not meet the applicable statu	mory ming requirements, this date	will not be listed as the
document a effective date on me Debath	lent of State 5 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.

		are no members or members entitled to vote on the amendment(s). The amendment(s) was/were ed by the board of directors.
•	,	Dated 10/13/2022
		Signature Taking and
		(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)
		(Typed or printed name of person signing)
		Chairman of the board (Title of person signing)

• . . .