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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nar	me)
(Do	cument Number)	·
Certified Copies	_ Certificates	s of Status
Special Instructions to	=	
	J. HOR JAN 172	NE
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COVER LETTER

Department of State Amendment Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

	Co	DRPORATE NAME	
Enclosed are an orig	ginal and one (1) copy of the re	stated articles of incorpora	ation and a check fo
■ \$35.00 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy	☐ \$52.50 Filing Fee, Certified Copy
	& Commone of Status	ADDITIONAL CO	& Certificate of Status

FROM:	Jacob Silverstone				
i kom.	Name (Printed or typed)				
	12550 Biscayne Blvd., Ste 304				
,	Address				
	North Miami, FL 33181				
	City, State & Zip				
	9176263715				
	Daytime Telephone number				
	jewishais@gmail.com				
	E-mail address: (to be used for future annual report notification)				

NOTE: Please provide the original and one copy of the document.

SORC SORCE OF RESTATED ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S. (Not for Profit)

ARTICLE I NAME The name of the corporation is: Jewish Association of Integrated Safety, Inc.
ARTICLE II RESTATEDARTICLES Article III
The text of the Restated Articles is as follows:
The organization is organized exclusively for charitable, religious,
educational, and scientific purposes under section 501(c)(3) of the Internal
Revenue Code, or corresponding section of any future federal tax code.
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.

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	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jos	nes	
X Add	<u>sv</u>	Sally Sn	<u>oith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change				
Add				 -
Remove				
4) Change		<u>—</u>		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

The name and Flo	orida street address (P.C). Box NOT acceptable) of the register	red agent is:
Name:			
Address:	·		
		accept service of process for the above he appointment as registered agent an	e stated corporation at the place designated in this ad agree to act in this capacity
	Required Signa	ture/Registered Agent	Date
ARTICLE VI A	RTICLE CONSOLIDA	1 <u>710N</u>	
These ado all amendment	-	s of incorporation supersede the	e original articles of incorporation and
ARTICLE VII	REQUIRED ADOPTIO	<u>ON INFORMATION</u>	
Adoption of A	mendment(s)	(CHECK ONE)	
required memb		ate of adoption of the amendme	to the articles of incorporation which ents was, and
These restat	ted articles of incorp	poration were adopted by the bo	pard of directors.

ARTICLE VIII EFFECTIVE DATE:
Effective date, if other than the date of filing:
(If an effective date is listed, the date must be specific and cannot be more than 90 days after the filing.)
<u>Note:</u> 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.
I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.
Dated: 11/28/2023
Signature: De Maria Mirecon
(By a director, president or other officer – if directors or officer have not been selected, by an incorporator – if in the hands of a receiver, trustee of other court appointed fiduciary by that fiduciary)
Dovid A Weingot
(Typed or printed name of person signing)
Director
(Title of person signing)