N24000002469

(Requestor's Name)
(Aequesion s Name)
(Address)
(Address)
(A.3)
(Address)
(City/State/Zip/Phone #)
PłCK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to raining Officer.





600424896376

03/08/24--01028--017 **35.00



COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	TION BAIS PERETZ INC.
N24000002469 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee a	are submitted for filing.
Please return all correspondence concerning th	is matter to the following:
Sholom Laine	
	(Name of Contact Person)
	(Firm/ Company)
4786 NW 67TH AVE	·
	(Address)
LAUDERHILL, FLORIDA 33319	
	(City/ State and Zip Code)
sholomny@gmail.com	
E-mail address: (to	be used for future annual report notification)
For further information concerning this matter,	please call:
Sholom Laine	917-971-5099 at
(Name of Contact	Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount n	nade payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing F Certificate of S	
Mailing Address Amendment Section	Street Address Amendment Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

CONGREGATION BAIS PERETZ INC.

(Name of Corporation as currently filed with the Florida Dept. of State)	20237113 -8 71110: 57
N24000002469	7.410:57
(Document Number of Corporation (if	known)
Fursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not I</i> amendment(s) to its Articles of Incorporation:	For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation:	
Congregation Bais Shaltiel Inc.	The new
name must be distinguishable and contain the word "corporation" or "incorporat "Company" or "Co." may not be used in the name.	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address in Florid new registered agent and/or the new registered office address:	a, enter the name of the
Name of New Registered Agent:	
New Registered Office Address:	Florida street address)

(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar with and accept	ot the obligations of the position.
	stered Agent, if changing

are no members or members entitled to vote on the amendment(s). The ame ed by the board of directors	ndment(s) was/were
Dated February 27, 2024	
Signature (My the chairman or vice chairman of the board, president or other have not been selected, by an incorporator – if in the hands of a	
other court appointed fiduciary by that fiduciary) Sholom Laine	
(Typed or printed name of person sig	ning)
President	
(Title of person signing)	

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 Do Mike Jo Sally Sr	<u>ones</u>	
Type of Action (Check One)	Title		<u>Name</u>	Address
1) Change Add		_		
Remove				
2) Change Add		_		
Remove 3) Change Add Remove		_		
4) Change Add		_		
Remove				
5) Change Add		_		
Remove				
6) Change Add		_		
Remove				
E. If amending or addin (attach additional shee			icles, enter change(s) here: (Be specific)	
			· · · ·	
	· .	_		
		·		

		_
		 ;
		-
		
	· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) adopti date this document was signed.	on:	, if other than the
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Departr	oes not meet the applicable statutory filing requirements, this date will not nent of State's records.	be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopte was/were sufficient for approval.	ed by the members and the number of votes east for the amendment(s)	

.