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COVER LETTER

TO: Amendment Section Division of Corporations					
	or Kehilla, Inc.				
NAME OF CORPORATION:			···		
DOCUMENT NUMBER: N2400	0006218	·			
The enclosed Articles of Amendme	nt and fee are sub	omitted for filing.			
Please return all correspondence co	ncerning this mat	ter to the following:			
Crayton Olivieri					
		(Name of Contact	Person)		
Anderson Business Advisors					
		(Firm/ Compa	ny)	-	
3225 McLeod Dr. Suite 100					
		(Address)			
Las Vegas, NV 89121					
		(City/ State and Zip	Code)		
ra@andersonadvisors.com					
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For further information concerning	this matter, pleas	c call:			
Crayton Olivieri			\$00 it	706-4741	
(Name	of Contact Person			(Daytime Teleph	
Enclosed is a check for the following	g amount made p	payable to the Florida	Department of	State:	
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Mailing Address			treet Address	ion	io: Jain
Amendment Section 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

Fax: +18506176380

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Articles of Amendment to Articles of Incorporation of

Dror Kehilla, Inc.		
Name of Corporation as currently filed with the Fl	orida Dept. of State)	
N24000006218		
(Document	Number of Corporation (if k	nowπ)
Pursuant to the provisions of section 617.1006. Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not Fo	or Profit Corporation adopts the following
A. If amending name, enter the new name of the co	rporation:	
		The new
name must be distinguishable and contain the word "c "Company" or "Co." may not be used in the name.	orporation" or "incorporate	d" or the abbreviation "Corp." or "Inc."
	_	
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD		
		
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO.	<u>X</u>)	
D. If amending the registered agent and/or register	ed office address in Florida	, enter the name of the
new registered agent and/or the new registered		
Name of New Registered Agent:		
New Registered Office Address:	(F	lorida street address)
New Negistered Office Address.		
	(Cin·)	, Florida (Zip Code)
	, ,,	•
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.		the obligations of the position.
-padray-18%		
	Signature of New Regist	tered Agent, if changing

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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 Doc 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 Doc, 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 De V Mike Je SV Sally Si	ones		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change Add	D	Yomin Postelnik	3902 Union Hill Rd Carvville, FL 32427	
x Remove				
2) Change Add	D	Candace Sneider	3902 Union Hill Rd Carvville, FL 32427	<u> </u>
Remove 3) Remove Add Remove				<u> </u>
4) Change Add				
Remove				
5) Change Add				
Remove				
6) Change Add				<u> </u>
Remove				
E. If amending or addin (attach additional shee		icles, enter change(s) here: (Be specific)		
				<u></u>
				
		×1.7	اا	,
				

n: Crayton Olivieri cusign Envelope ID:	Fax: +17023578978 D43FBB76-C83C-4997-8	To: 8359-1D0B82041B0A	Fax: •18506176380	Page: 5 of 11 05/27/2025 4:: H25UUU188U/1 3	
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				<u> </u>	
The date of eac	h amendment(s) ado ent was signed.	ption:		, if other t	han
Effective date <u>i</u>	fannlicable:				
interver dure <u>i</u>		(no more than 90 day	vs after amendment file date)		
		c does not meet the applicant artment of State's records		nents, this date will not be listed as	the
Adoption of Ar	nendment(s)	(<u>CHECK ONE</u>)			
☐ The amend was/were s	Iment(s) was/were ado officient for approval.	pted by the members and	the number of votes cast for	the amendment(s)	

adopted by the board of directors.

Dated	5/27/2025
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)
	Michelle L. Bertch
	(Typed or printed name of person signing)
	President
	(Title of person signing)

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

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colivieri@andersonadvisors.com

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To:

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Parties agreed to: Michelle L. Bertch

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From: Crayton Olivieri

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