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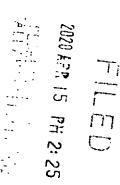
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Amend

APR 2 9 2020 I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATIO	Bat Yam Temple of	The Islands Inc			· · · ·
	14270	74			
The enclosed Articles of Ame	ndment and fee are sub	mitted for filing.			
Please return all corresponden			;		
Michael Stephen Hochschild					
		(Name of Contac	t Person)		
		(Firm/ Comp	any)	<u></u>	
9609 Parkview Court					
		(Address)		
Fort Myers FL. 33908					
	· · · · · · · · · · · · · · · · · · ·	(City/ State and Z	Cip Code)		
michael.hochschild@traxys.c	om				
E-	mail address: (to be used	d for future annual	report notifica	tion)	
For further information conce	rning this matter, please	call:			
Michael Hochschild			917 at	561 7888	
(1	Name of Contact Person	1)	(Area Cod	e) (Daytime Telepho	one Number)
Enclosed is a check for the fo	llowing amount made p	ayable to the Flori	da Department	of State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing B Certified Copy (Additional co- enclosed)	py is Ce (A	2.50 Filing Fee rtificate of Status rtified Copy dditional Copy is aclosed)	
Mailing Ac Amendmen			Street Addre		

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

BAT YAM TEMPLE OF THE ISLANDS INC

(Name of Corporation as currently filed with the Florida I	Dept. of State)
<u> </u>	12794
(Document Numb	ber of Corporation (if known)
Pursuant to the provisions of section 617,1006, Florida Statute amendment(s) to its Articles of Incorporation:	tes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporat	tion:
N/A	The new
name must be distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name.	ation" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS	28
C. Enter new mailing address, if applicable:	- 5
(Mailing address MAY BE A POST OFFICE BOX)	
	25
D. If amending the registered agent and/or registered offi	ice address in Florida, enter the name of the
new registered agent and/or the new registered office a	
Name of New Registered Agent: N/A	
	(Florida street address)
New Registered Office Address:	The sale street date (Sy
	. Florida
	(City) , Florida (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa	d Agent: amiliar with and accept the obligations of the position.
Thereby accept the appointment as regulered agent. I wing	
	Signature of New Registered 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 Sr	<u>nes</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1)Change Add	<u>P</u>	Alan Lessack	Sanibel FL.33957
x Remove			
2) Change Add	T	Barry Epstein	12700 Mastique Beach Blvd fort Myers Fl. 33908
x Remove 3) Change x Add Remove	р	Michael Stephen Hochschild	9609 Parkwood Court Fort Myers Fl. 338908
4) Change Add	<u>T</u>	Elissa Karasin-Same SameT	Unit 128 Sanibel Fl. 33957
Remove 5) Change Add Remove	<u>V</u>	Janice Chaddade L. BLOCK	1195 Par View Drive Sanibel Fl. 33957
6) Change Add			
Remove			
E. If amending or addir (attach additional shee		cles, enter change(s) here: (Be specific)	
19/7			
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	· · · ·			
				if other then the
The date of each amendment(s) adoption this document was signed.	on:			, ii other than the
date this document was signed.				
Effective date if applicable:				
Effective date if applicable:	(no more than 90 days aj	fter amendment file c	late)	
Note: If the date inserted in this block do	oes not meet the applicable	statutory filing requ	airements, this date will	not be listed as the
document's effective date on the Departr	nent of State's 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.

	04/07 2020
Dated	
	A. A
Signatur	
	(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)
	Michael Stephen Hochschild
	(Typed or printed name of person signing)

(Title of person signing)