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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPO	PRATION: Beth Israel Mo	essianic Congregation, I	nc.
DOCUMENT NUM	iber: <u>N47816</u>		
The enclosed Article	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
•		Vendi Hunger f Contact Person)	
	(Ivaine o	r Comact reison)	
	Beth Israel Mess	sianic Congregation, Inc.	
		n/ Company)	
	8535 Baymea	dows Road Suite 56	
	((Address)	
		ville, FL 32256	
	(City/ Sta	ate and Zip Code)	
	wbirdh	@comcast.net	
	E-mail address: (to be use	@comcast.net ed for future annual report notification	ation)
For further information	on concerning this matter, pleas	se call:	
David Levine		at (<u>904</u>) <u>731-963</u>	<u>.</u>
(Name	of Contact Person)	(Area Code & Daytin	ne Telephone Number)
Enclosed is a check f	or the following amount made p	payable to the Florida Departmen	t of State:
□\$35 Filing Fee	☑ \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address		Street Address	
Amendment Section		Amendment Section Division of Corporation	ine
Division of Corporations		Division of Corporation	113

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation



Beth Israel Messianic Congregation, (Name of Corporation as currently filed with the Florida Dept. N47816 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: Beth Israel Messianic Synagogue, Inc. The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "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 Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: New Registered Office Address: (Florida street address) , Florida (Zip Code) (City) New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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) <u>Title</u> <u>Name</u> Address **Type of Action** _____ ☐ Add ☐ Remove _____ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

The date of each amendm	ent(s) adoption: <u>June 11, 2009</u>
	(date of adoption is required)
Effective date <u>if applicabl</u>	e: June 11, 2009
	(no more than 90 days after amendment file date)
Adoption of Amendment(s) (<u>CHECK ONE</u>)
The amendment(s) was/was/were sufficient for a	were adopted by the members and the number of votes cast for the amendment(s) pproval.
There are no members adopted by the board of	or members entitled to vote on the amendment(s). The amendment(s) was/were directors.
Dated <u>Ju</u>	ne 11, 2009
Signature	Mendi de Venger
ŀ	By the chairman or vice chairman of the board, president or other officer-if directors ave not been selected, by an incorporator – if in the hands of a receiver, trustee, outher court appointed fiduciary by that fiduciary)
	Wendi D. Hunger
	(Typed or printed name of person signing)
	Treasurer
	(Title of person signing)