(Req	uestor's Name)	
(Add	ress)	
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(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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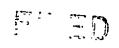
R. WHITE KINS S. S. VIM

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

				
MIAMI BEACH CO	DMMUNITY			
KOLLEL, INC.				
N9400000170				
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				Art of Inc. File LTD Partnership File Foreign Corp. File L.C. File Fictitious Name File Trade/Service Mark Merger File Art. of Amend. File
				RA Resignation Dissolution / Withdrawal Annual Report / Reinstatement
				Cert. CopyPhoto Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
Signature		··		Fictitious Owner Search
J				Vehicle Search
				Driving Record
Requested by: BAN	05/22/19			UCC 1 or 3 File
Name	Date	Time		UCC 11 Search
				UCC 11 Retrieval
Walk-In	Will Pick Up			Courier

Articles of Amendment to Articles of Incorporation of



MIAMI BEACH COMMUNITY KOLLEL, INC.

2015 MAY 22 AH 8: 08

(Name of Corporation	as currently filed with the	he Florida Dept. of State)
N9400000170	to carrenty filed with ()	Protida Dept. of State
(Docum	nent Number of Corporation	on (if known)
Pursuant to the provisions of section 617.1006, Floramendment(s) to its Articles of Incorporation:	ida Statutes, this <i>Florida</i> i	Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the	corporation:	•
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name	"corporation" or "incorp	The new porated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicate (Principal office address MUST BE A STREET AL	DDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	30X)	
D. If amending the registered agent and/or regist new registered agent and/or the new registere	tered office address in F)	orida, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		(Florida street address)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Re hereby accept the appointment as registered agent.	egistered Agent: I am familiar with and a	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)

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>John Do</u> <u>V</u> <u>Mike Jo</u> <u>SV</u> <u>Sally Sr</u>	nes	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	Ari Lampert	4525 Prairie Avenue
Add			Miami Beach, Florida 33140
Remove			
2) Change	D	Aron Lampert	4525 Prairie Avenue
X Add			Miami Beach, Florida 33140
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Art. (attach additional sheets, if necessary).	(Be specific)	
Comment of the state of the sta	(20 specific)	
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	<u>.</u>	
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The date of each amendment(s) as date this document was signed.	loption:	if other than the
Effective date if applicable:		
•	(no more than 90 days after amendment file date	D .
Note: If the date inserted in this blo document's effective date on the De	ock does not meet the applicable statutory filing requires partment of State's records.	ments, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a was/were sufficient for approv	dopted by the members and the number of votes east for al.	r the amendment(s)
There are no members or mem adopted by the board of direct	bers entitled to vote on the amendment(s). The amendmors.	nent(s) was/were
Dated Ma	21 19	
Signature Mal	y A	
have not be	rman or vice chairman of the board, president or other or en selected, by an incorporator — if in the hands of a rec appointed fiduciary by that fiduciary)	officer-if directors ceiver, trustee, or
Nahum	Y. Gross	
	(Typed or printed name of person signif	ng)
Presider	ıı.	
	(Title of person signing)	

Service of Statement of Statement