

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Dunings Falin Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800300117978

06/08/17--01009--006 **85.00

17 JCX -8 11 21 III

JUN 1 2 2017 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Chabad Lubavitch of Greater Fort Lauder dale N9500000 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Rabbi Moishe Meir Lipszyc chabad Lubavitch of Greater Ft. Landerdale 3500 N. Ocean Blvd. xderdale FL 33308
(City/State and Zip Code) gitty @ chabad- [1]. com

H-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: (Name of Contact Person) at Q54 S68 119 0

(Name of Contact Person) (Area Code) (Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee & \Bigcup \\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status

(Additional copy is

enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Certified Copy

(Additional Copy is Enclosed)

Articles of Amendment to Articles of Incorporation

Ari	of		
chabad Lubavillet	of Greater Fort	-) (100
	rrently filed with the Florida Dept. of State)		- (<u>) () () () () () () () () (</u>
N 101 S	and all 9 9	_	Inc.
(Document N	umber of Corporation (if known)		
		1	6.11
rsuant to the provisions of section 617.1006. Florida St sendment(s) to its Articles of Incorporation:	atutes, this Florida Not For Profit Corporation	adopts the	following
If amending name, enter the new name of the corpo	oration:		
The management and new name of the corp.	<u>,, ,, , , , , , , , , , , , , , , , , </u>		
must be distinguishable and contain the word "corp	poration" or "incorporated" or the abbreviation	"Corp." o	_The new = or "Inc."
Company" or "Co." may not be used in the name.	•	,	
Enter new principal office address, if applicable:			
rincipal office address <u>MUST BE A STREET ADDRE</u>	<u>:SS</u>)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			7
			
		· ·	
. If amending the registered agent and/or registered	office address in Florida, enter the name of th	 	നാ 1
new registered agent and/or the new registered off		 :	: :
Name of New Registered Agent:			
		; ~	1 -
	(Florida street address)		
New Registered Office Address:			
	, Florid		
	(City) (Zip	Code)	
ew Registered Agent's Signature, if changing Register			
hereby accept the appointment as registered agent. I ar	n jamutar wun ana accept the ootigations of the	position.	
	Signature of New Registered Agent, if changing	 ካድ	

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 D V Mike Jo SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add Remove	TD	Leon Lipszyc	3900 gait ocean Dr
2) Change Add Remove	<u>D</u> J.	oseph Jeffrey Meisel	1718 S. Canfield Ave Los Angeles CA 90035
3) Change Add Remove			
4) Change Add Remove			
5) Change Add			
Remove 6) Change Add			
Remove			

f amending or adding additional Arti attach additional sheets, if necessary).	(Be specific)
	——————————————————————————————————————
	
	
, <u> </u>	·-
	
	

	e date of each amendment(s) adoption: JUNE 5, 2017. c this document was signed.	if other than the
Effe	ective date <u>if applicable</u> :	
	(no more than 90) days after amendment file date)	
Not doc	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be rument's effective date on the Department of State's records.	listed as the
Ado	option 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.	
又	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
	Dated	
	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)	
	Rabbi Moishe Heir Lipszyc	
	(Typed or printed name of person signing)	
	President (Title of person signing)	