N96000001462

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PICK-UP WAIT MAIL
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COVER LETTER

TO: Amendment Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: The Before Congregation of	
DOCUMENT NUMBER: N9600001465	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
David Pasternack (Name of Contact Person)	
Temple Dor Doring (Firm/Company)	
2360 Glades Circle Rd	
weston Ag 333as	
(City/ State and Zip Code) Paster and Zip Code Temple do dor E-mail address: (to be used for future annual report notification)	כמו
For further information concerning this matter, please call:)
David Restorack at 917 535 6555 (Name of Contact Person) at (Area Code) (Daytime Telephone Number)	4
Enclosed is a check for the following amount made payable to the Florida Department of State:	•
S35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & Certificate of Status Certificate of Status (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)	
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations	

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Articles of Amendment

to
Articles of Incorporation

$T_{0}O_{0}O_{0}C_{0}$
THE REACON CONDUCATION OF MODIES IN
(Name of Corporation as currently filed with the Florida Dept. of State)
N9600001462
(Document Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
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: Martina Ruthbard
New Registered Office Address: 8211 WEST BOUGE BIVE SUILLY Florida, Florida.
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.
M D
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 I V Mike SY Sally	<u>Jones</u>	
Type of Action (Check One)	Title	<u>Name</u>	Address 2360 Glades Circle
1) Change Add		Rachel DiDio	Address 2360 Glades Circle Weston Flg 33327
Remove 2) Change Add		Tamang malvin	2360 Glades Cincle 233277
Remove Change Add Remove		Reter Shappy	33(0) G lados Cinció Westen VIG 33>27
4) X Change Add		Alang Tokayer	2360 Glade = C.1610
Remove 5) Change Add		Harold malin	3360 G1928 CIRP
6) Kemove Change Add		near Topf	360 Glads, c., c/P 2005 to 19 3322
E. If amending or add		rticles, enter change(s) here: (Be specific)	

			
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The date of each amendment(s) adoption date this document was signed.	n:	·	_, if other than the
Effective date if applicable:			
Ellective dute il applicabit.	(no more than 90 days after amendment file date)		
Note: If the date inserted in this block do document's effective date on the Departm	es not meet the applicable statutory filing requireme ent of State's records.	nts. this date will not	be listed as the
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.

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 9/9/3
Signature / WWW JSQ
(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)
Rachel DiDici
(Typed or printed name of person signing)
Preidnt

(Title of person signing)