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To:	Division of Corporations Fax Number : (850)617-		- - ,	2021 J
From:	Fax Number : (856)017-			
	Account Name : KIM MARKS Account Number : 120120000	9072	(3) (7) (7)	РН
	Phone : (305)895- Fax Number : (305)895-		۰۳. ۲۰۰۰	PH 1:42
**Enter	the email address for this b	pusiness entity to b	e used for future	· N ·
	nual report mailings. Enter	only one email addre	ess please.**	:
E	ail Address:	· · · · · ·	· 901 [2020 - 3	; [
33	COR AMND/RESTATE/C	ORRECT OR O/I	D RESIGN	
	NER YITZCHAK OF H	IIGHLAND LAKI	ES, INC.	
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6 PHI2: 33	Certificate of Status			
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	<u>Cover L</u>	ETTER	(((H21000260	159 3)))
	COVERD	<u> </u>		
FO: Amendment Section Division of Corporations	÷.			<u>"</u>
NER YITZC	HAK OF HIGHLAND	D LAKES, INC.		
N96000006156		. •		!'
The enclosed Articles of Amendment and fee	are submitted for filing	g. 、		i, [ . ],
Please return all correspondence concerning th	is matter to the follow	ing:		
Stephen Kom				
	(Name of Con	tact Person)		i.
Kim Marks CPA PA				* ••   
	(Firm/ Co	mpany)		j, _
2136 NE 123rd St	- *	,	, <u>, , , ,</u>	
	(Addr	ress) 40	· ·	l <sub>i</sub>
North Miami, FL 33181		· ·		
	(City/ State an	id Zip Code)		
stephen@kimmarkscpa.com		·		
E-mail address: (to	be used for future ann	mal report notificat	on)	
For further information concerning this matter	, please call:			i i
Stephen Kom		305	895-5815	
(Name of Contact	t Person)	(Area Code	) (Daytime Telephon	e Number)
Enclosed is a check for the following amount	made payable to the F	lorida Department (	of State:	-
S35 Filing Fee S35 Filing Certificate of		opy Cer copy is Cer (Ad	50 Filing Fee ificate of Status ified Copy ditional Copy is closed)	- · ·
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Se Division of Co The Centre of 2415 N. Mon Tallahassee, FI	ction porations Tallahassee oe Street, Suite 810	
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Artic	les of Amendment	L			
A rein	to les of Incorporation	<b>n</b>		۰.	
	of			l'	
NER YITZCHAK OF HIGHLAND LAKES, INC.		•		i I.	
Name of Corporation as currently filed with the Florida	Dept. of State)	· · ·		<u></u>	
N96000006156		•			
	1. (O	((6))			
(Document Num	iber of Corporation			,	
ursuant to the provisions of section 617.1006, Florida Statu mendment(s) to its Articles of Incorporation:	ites, this <i>Florida Ne</i>	of For' Profit Corp	oration adopts the	following	
. If amending name, enter the new name of the corporation	ation:				
The new many of the territory of the corport		•	-	TT I	
		una de auto akto		_The new	
ame must be distinguishable and contain the word "corpor Company" or "Co." may not be used in the name.	anon or mcorpo	raica or ine abbi	eviation Corp."		
				∦ <u> </u> .   .	
8. Enter new principal office address, if applicable:	<u></u>	·			
Principal office address <u>MUST BE A STREET ADDRES</u>	<u>s</u> )				5]
					دور مروحه رو
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. Enter new mailing address, if applicable:			-	7.1 <b>- 7</b>	30
(Mailing address MAY BE A POST OFFICE BOX)				<u> </u>	I.
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<ol> <li>If amending the registered agent and/or registered of new registered agent and/or the new registered office</li> </ol>	address:	rioa, enter tue na	:	20 	•
			·	':	
Name of New Registered Agent:				1,	
· · · · · · · · · · · · · · · · · · ·		•			
		· (Florida street add.	re.13)		
<u>New Registered Office Address</u> :					
			_, Florida		
	(City)		(Zip Code)	i	
New Registered Agent's Signature, if changing Registered	ed Agent:				
hereby accept the appointment as registered agent. I am	familiar with and a	cept the obligatio	ns of the position.		
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	Signature of New R	egistered Agent, ij	Cchanging		
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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 latter 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: <u>X</u> Change <u>X</u> Remove <u>X</u> Add	<u>PT John D</u> <u>V Mike Ja</u> <u>SV Sally S</u>	<u>ones</u>			
<u>Type of Action</u> (Check One)	Title	Name	· ·	<u>Addres</u> s	
1) Change Add	<u>D</u>	JAFIF, ELIAS	- : 	2655 NE 207 STREET MIAMI, FL 33180	
x Remove 2) Change Add	<u>D</u>	CHEREM, MAYER	· .	2655 NE 207 STREET MIAMI, FL 33180	
3) Remove Add <u>x</u> Remove	<u>COO</u>	Conaway, Marguerite		2655 NE 207 STREET MIAMI, FL 33180	[• ]• 
4) Change Add					
Remove			۰.		;
Add Remove			• . •	: :	 i*
ර) Change Add	<u> </u>		— . :		1 1: 
E. If amending or addin (attach additional shee		icles, enter change(s) here: (Be specific)		<u> </u>	
<u>NA</u>					!i
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he date of each amendment(s) adaptions		-	, if other than 1
he date of each amendment(s) adoption:			
Tective date if applicable:	amendment file date)		

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

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Page: 7 of 7

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There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

have not been selected other court appointed	o, by an inco fiduciary by	orporator – 11 y that fiduciai	in the hard: ry)	s of a receiv	er, trustee, or
Avichai Levy			· · ·	· ·	··· ,
	(турес	l or printed n	ame or perso	on signing)	
Director		• •		· · ·	
• <u> </u>		(Title of	person sign	ing)	
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