N97000002580

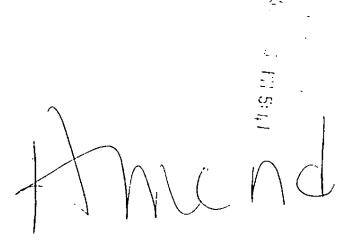
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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

Center for Jewis NAME OF CORPORATION:	h Life Miami, Inc.		
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are	submitted for filing.		
Please return all correspondence concerning this r	natter to the following:		
Iris Mizrahi			
	(Name of Contact I	Person)	
Center for Jewish Life			
	(Firm/ Compar	ny)	· •
2625 SW Third Aven			
	(Address)		·
Miami, FL 33129			
	(City/ State and Zip	(Code)	
imizrahi@bethdavidmiami.org			
E-mail address: (to be	used for future annual re	port notificatio	n)
For further information concerning this matter, ple	ease call:		
Iris Mizrahi	а	305 t	7737165
(Name of Contact Per		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount mad	le payable to the Florida	Department of	State:
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of State		Certif is Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Ā D	reet Address mendment Sect ivision of Corpo he Centre of T	orations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

CENTED	ECAD	THAMASH I	IEE MILAN	AL INC.

(Name of Corporation as currently filed with the Flo	orida Dept. of State)	
N97000002580		
(Document	Number of Corporation (if kr	nown)
Pursuant to the provisions of section 617,1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not Fo	r Profit Corporation adopts the following
A. If amending name, enter the new name of the cor	rporation:	
		The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	orporation" or "incorporated	" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADD)</u>	<u>RESS</u>)	
		211
		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
		= = = = = = = = = = = = = = = = = = = =
		<u>5</u>
D. If amending the registered agent and/or registere		
new registered agent and/or the new registered o	ffice address:	
Name of New Registered Agent:		
	(File	orida street address)
New Registered Office Address:		
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regis	stered Agent:	
I hereby accept the appointment as registered agent. I		the obligations of the position.
	Signature of New Registe	and to set if about in
	signanu e oj new kegiste	теа мусті, у спапуту

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 Do Y Mike Jo SV Sally Sr	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add	<u>P</u>	Daniel Fujita	2625 SW Third Aven Miami, Fl 33129
 X Remove 2) Change X Add 	<u>P</u>	Karen Coppa	2625 SW Third Avenue Miami, Fl 33129
Remove 3) Remove Add Remove			
4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add			
E. If amending or adding (attach additional sheet	g additional Artists, if necessary).	<u>cles, enter change(s) here</u> : (Be specific)	

		
		.
		
		<u> </u>
		<u>.</u>
		
The date of each amendment(s) adoption date this document was signed.	on:	, if other than the
Effective date if applicable:		
	(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	oes not meet the applicable statutory filing requirements, this date will not nent of State's records.	be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
	d by the members and the number of votes east for the amendment(s)	
was/were sufficient for approval,		

-

Dated	Oct. 26, 2020
Signatu	mx Til
Jigimiu	(By the chairman or vice chairman or the board, president or other officer-if directors have not been selected, by an interporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	Daniel Fujita
	(Typed or printed name of person signing)

(Title of person signing)

■ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were