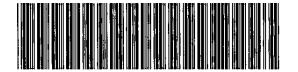
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Special Instructions to	Filing Officer:	
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T. LEMIEUX



## COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATIO	BETH HILLEL MESS ON:		IIP OF SOUT	H FLORIĎA,INC	
1	N97000007161				
DOCUMENT NUMBER: _					
The enclosed Articles of Am	endment and fee are subm	itted for filing.			
Please return all corresponde	nce concerning this matter	to the following:			
DAVID L BARSKY					
	(	Name of Contact Per	son)		
BETH HILLEL MESSIANI	IC FELLOWSHIP OF SO	UTH FLORIDA, INC	C		
		(Firm/ Company)			
981 SW 70 AVE					
	····	(Address)		<del></del>	
PLANTATION, FL 33317					
	(	City/ State and Zip C	ode)		
bethhillel@aol.com					
E	-mail address: (to be used	for future annual repo	ort notification	n)	
For further information conc	erning this matter, please c	all:			
DAVID BARSKY			954	341-4682	
	(Name of Contact Person)		(Area Code)	(Daytime Telephone No	ımber)
Enclosed is a check for the f	ollowing amount made pay	able to the Florida D	epartment of	State:	
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	3\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)	
Mailing A Amendme	address nt Section	<u>Stre</u> Am	eet Address endment Sect	ion	

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

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

## **Articles of Amendment** to Articles of Incorporation of

	(Name of Corporation as curren	itly filed with the Florid	la Dept. of State)
N97000007161		-	
	(Document Numb	per of Corporation (if kno	own)
Pursuant to the provision amendment(s) to its Art	ons of section 617.1006, Florida Statute ticles of Incorporation:	es, this <i>Florida Not For I</i>	Profit Corporation adopts the following
A. <u>If amending name</u> BETH YESHUA, INC	enter the new name of the corporat	ion:	
name must he distingui	shable and contain the word "corpore	tion" or "incorporated"	or the abbreviation "Corp." or "Inc."
	nay not be used in the name.	non or incorporatea	of the abbreviation Corp. or the.
B. Enter new principal office address, if applicable:			AD, CORAL SPRINGS, FL 33065
Principal office addre	ss <u>MUST BE A STREET ADDRESS</u>	) 	
	<u>g address, if applicable:</u> IAY BE A POST OFFICE BOX)	981 SW 70 AVE PLA	NTATION, FL 33317
•			
	gistered agent and/or registered office a nt and/or the new registered office a		nter the name of the
Name	of New Registered Agent:		
Nume	of New Registered Agent:	(Flori	ida street address)
	Registered Office Address:	(Flori	ida street address)
		(Flori	·
		(Flori	, Florida
<u>New</u>	Registered Office Address:	(City)	·
<u>New</u> New Registered Agent	Registered Office Address:	(City)	, Florida (Zip Code)
<u>New</u> New Registered Agent	Registered Office Address:	(City)	, Florida (Zip Code)
<u>New</u> New Registered Agent	Registered Office Address:	(City)	, Florida (Zip Code)
<u>New</u> New Registered Agent	Registered Office Address:  Second Process:  Second Proce	(City)  Agent: miliar with and accept th	, Florida (Zip Code) te obligations of the position.
<u>New</u> New Registered Agent	Registered Office Address:  Second Process:  Second Proce	(City)	, Florida, Case obligations of the position.  Ted Agent, if changing
<u>New</u> New Registered Agent	Registered Office Address:  Second Process:  Second Proce	(City)  Agent: miliar with and accept th	, Florida, Case obligations of the position.  Ted Agent, if changing
<u>New</u> New Registered Agent	Registered Office Address:  Signature, if changing Registered ointment as registered agent. I am fair	(City)  Agent: miliar with and accept th  ignature of New Register.	, Florida, Case obligations of the position.  Ted Agent, if changing
<u>New</u> New Registered Agent	Registered Office Address:  Signature, if changing Registered ointment as registered agent. I am fair	(City)  Agent: miliar with and accept th	Florida, Florida, (Zip Code)  the obligations of the position.  The deed Agent, if changing
<u>New</u> New Registered Agent	Registered Office Address:  Signature, if changing Registered ointment as registered agent. I am fair	(City)  Agent: miliar with and accept th  ignature of New Register.	, Florida, Case obligations of the position.  Ted Agent, if changing

P = President; V= Vice I Executive Officer; CFO = held. President, Treasure	rector title by the President; T= Tre = Chief Financial er, Director would		n one title, list the first letter of each office
Changes should be noted a change, Mike Jones lea Mike Jones, V as Remove	ives the corporati	manner. Currently John Doe is listed as the P on, Sally Smith is named the V and S. These sh , SV as an Add.	ST and Mike Jones is listed as the V. There is could be noted as John Doe, PT as a Change,
Example: X Change X Remove X Add	PT John II V Mike J SV Sally S	<u>lones</u>	•
Type of Action (Check One)	<u>Title</u>	<u>Name</u> .	<u>Addres</u> s
1) Change			
Add			
Remove			<del></del>
2) Change		· · · · · · · · · · · · · · · · · · ·	
Add Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
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Remove			
6) Change			
Add			

The 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:

\_\_ Remove

ttach ad	<mark>ling or addin</mark> Iditional shee	ts, if necessa	ry). (Be	specific)						
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Fhe date of each amendment(s) adoption:	, if other than th
•	
Effective date if applicable:  (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will need document's effective date on the Department of State's records.	ot 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.	
MAY 2, 2016  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)	
DAVID L. BARSKY	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	