## N98000002824

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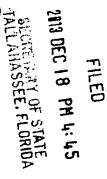
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## COVER LETTER

TO: Amendment Section Division of Corporations

1,

NAME OF CORPORATION: 5HEMA 169	nel Messigni	c JEWISH CONGREGATION, NO
DOCUMENT NUMBER: N98000002821	an ann ann an Theorem an ann an A	ya a mananamanin samanamanin aranteri aranta mananamanin aranta manana
The enclosed Articles of Amenament and fee are subs	mitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
MANUEL D. GOFFMAN		
	(Name of Contact Per	son)
SHEMA ISAAEL MESSIANIC JEWISH	CONSAEGATION	, losc.
J	(Firm/Company)	'
P. O. BOX 720357		48104
	(Address)	
Migmi, FL 33172		
RABISHEMA ISAAELO BELLSO E-mail address: (to be used	MH. VET for future annual repo	rt notification)
For further information concerning this matter, please	call:	
MANUEL D. GOFFMAN (Name of Contact Person)	at (305 (Area	) 300 - 0036 Code & Daytime Telephone Number)
Enclosed is a check for the following amount made page	yable to the Florida De	partment of State:
S35 Filing Fee		☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Amer Divis	et Address Idment Section Ion of Corporations In Building

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

SHEMA ISAAEL MESSIANIC JEWISH CONGREBATION, INC.				FILED		
(Name of Corporation as currently	filed with the Flo	rida Dept. of State)	261	DEC 18	PM 4: 45	
N980000028	2.1					
(Docum	nent Number of Co	orporation (if known)	St _TAL	<del>TOKL</del> TARY LAHASSE	E. FLORIDA	
Pursuant to the provisions of section 617.100 amendment(s) to its Articles of Incorporation		s, this <i>Florida Not For Pr</i>	ofit Corporation op	ts the followin	1 <b>g</b> .	
A. If amending name, enter the newname		an:				
6 /p	v va min coaposana			The ne	w	
name must be distinguishable and contain the		non" or "mcorporated" o	r the abbreviation "Co			
"Company" or "Co." may not be used in th						
B. Enter new principal office address, if a (Principal office address MUST BE A STR	applicable: VEET ADDRESS )	<u> </u>				
And the state of t	·		***************************************	Agen (states)		
			,			
C. Enter new mailing address, if applical	ble:					
(Mailing address MAY BE A POST OF	FICE BOX)	P.O. Box 7203!	57			
		Miami. FL 33	172			
		r				
D. If amending the registered agent and/o	or registered offic	e address in Florida ent.	er the name of the			
new registered agent and/or the new r			THE HAIR OF THE			
Name of New Registered Agent:	NIA					
New Registered Office Address:	N/A	(Florida street address)				
	10/14					
	(City)		, Florida	Code)		
New Registered Agent's Signature, if char	aina Doalstoud	Laconti	( · · · · · · · · · · · · · · · · · · ·			
I hereby accept the appointment as registere			ob <b>l</b> igations of the posi	ion.		
	N/9					
	Signature of New .	Registered Agent, if chang	ing			

Page 1 of 4

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: <u>X</u> Change <u>X</u> Remove <u>X</u> Add	<u>7</u> <u>Mi</u>	nn <u>Doe</u> ke Jones lly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	0	HECTOR ORSINI	10978 MAINSAIL DAIVE
_ <b>X</b> _ Add			COOPER CITY, FL 33020
Remove			
2) Change		***	
Add			
Remove			
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
δ)Change			
Add			
Remove			

<mark>If amending or adding additional</mark> attach additional sheets, if necessar	y). (Be specific	<i>?)</i>			
			de la companya de la		
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The date of each amendment(s) adoption: $13/5/2013$ , if other date this document was signed.	er than the
Effective date if applicable: N/9  (no more than 90 days after amendment file date)	
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.	
Signature  (By the chairman of 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)	
(Typed or printed name of person signing)  (Title of person signing)	