## N980000 2821

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## **COVER LETTER**

NAME OF CORPORATION: SHEMP ISRAEL MESSIANIC SENISH COUGREGATION INC.  DOCUMENT NUMBER: N9800002821  The enclosed Articles of Amendment and fee are submitted for filing.  Please return all correspondence concerning this matter to the following:  MANUEL D. GOFFMAN  (Name of Contact Person)  SHEMP ISRAEL MESSIANIC SENISH COURCEATION. IX.  (Firm/Company)  7875 PINES BLVD.  (Address)  PEMPRONE PINES FL 33024  (City/ State and Zip Code)  MANUELED FAMOL COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:
The enclosed Articles of Amendment and fee are submitted for filing.  Please return all correspondence concerning this matter to the following:  [Name of Contact Person]  [Name of Contact Person]  [Silema Isaael Messipulc Ewish Coursebation, Iv. (Firm/ Company)  [T8 76 Pives Blvd. (Address)  [City/ State and Zip Code)  [Manual Land Famel Course Files Fl. 33024 (City/ State and Zip Code)  [Manual Land Famel Course Files Fl. 3401. Company)  [City/ State and Zip Code)
Please return all correspondence concerning this matter to the following:  [MANNEL D. GOFFMAN]  (Name of Contact Person)  SHEMA ISAAEL MESSIPNIC EWISH CONSEGRIOU, IX.  (Firm/ Company)  7875 PINES BLVD.  (Address)  PEMBROULE PINES FL 33024  (City/ State and Zip Code)  MANUELGOFFMAN COMPE-mail address: (to be used for future annual report notification)
MANUEL (). GOFFMAN  (Name of Contact Person)  SHEMA ISAAEL MESSIPHIC EWISH CONSREGATION, IX.  (Firm/ Company)  7876 PINES BLUD.  (Address)  PEMBRONE PINES FL, 33024  (City/ State and Zip Code)  MANUELODE FMAN @ YANOR COM E-mail address: (to be used for future annual report notification)
(Name of Contact Person)  SHEMA ISAAEL MESSIANIC EWISH CONREGATION, IX.  (Firm/ Company)  (Address)  PEMARONE PINES FL 33024  (City/ State and Zip Code)  MANUELED FAMILIC VANOL COM  E-mail address: (to be used for future annual report notification)
SHEMA ISAACL MESSIPUIC EWISH CONREGATION, INC.  (Firm/ Company)  (Address)  PEMPRONE PINES, FL, 33024  (City/ State and Zip Code)  MANUELSON FRANCE VANOL COM E-mail address: (to be used for future annual report notification)
7876 PINES BLVD.  (Address)  PEMBROUE PINES, FL, 33024  (City/ State and Zip Code)  MAUJELED FMANCE VANOL COM E-mail address: (to be used for future annual report notification)
7876 PINES BLVD.  (Address)  PEMBROKE PINES, FL 33024  (City/ State and Zip Code)  MAUJELEDS FAMILE VANOL COM E-mail address: (to be used for future annual report notification)
(Address)  PEMPRONE PINES, FL, 33024  (City/ State and Zip Code)  MAUUELED FAMOL COM  E-mail address: (to be used for future annual report notification)
PEMPRONE PINES, FL, 33024  (City/ State and Zip Code)  MAUUELEDE FAMILIE VANOL COM  E-mail address: (to be used for future annual report notification)
(City/ State and Zip Code)  MANULLED FMANCE (To be used for future annual report notification)
(City/ State and Zip Code)  MANULLED FMANCE (To be used for future annual report notification)
For further information concerning this matter, please call:
MANUELD. GOFFMAN at 305 300 0036 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee  Certificate of Status  Certified Copy  (Additional copy is enclosed)  Certified Copy  (Additional Copy is Enclosed)
Mailing Address Amendment Section  Street Address Amendment Section

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

Atticks	of	
SHEONA LARARI MESSIANIE TEWIS	H CONGREGACION liv	
	tly filed with the Florida Dept. of State)	
N98000002821		
	er of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation	adopts the following
A. If amending name, enter the new name of the corporati	ion:	
FIRST SHEMA ISAAKL MESSIAVIC TEWISH CONGR	REPRION, ly.	The new
(ROSS REFERENCE NAME: PRIMERA CONCREGUE B. Enter new principal office address, if applicable:	CION JUDIO MESIANICA SHEMA 13AA	EL, lic.
(Principal office address MUST BE A STREET ADDRESS)	)	
		- 79
		. (-
C. Enter new mailing address, if applicable:		68
(Mailing address MAY BE A POST OFFICE BOX)		in '
		P
		<u> </u>
D. If amending the registered agent and/or registered office		the 32-
new registered agent and/or the new registered office a	ddress:	
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
	, Flor	ida
	(City) (Zi	ip Code)
	· · · · · · · · · · · · · · · · · · ·	
I hereby accept the appointment as registered agent. I am fa	miliar with and accept the obligations of th	ne position.
	ionature of New Registered Agent, if chans	
i)	CENGRAL C. OF THE B. INEVISIBLE CH. TYETH, 17 CHUMY	' 17 6 E'

## 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	<u>PT</u> <u>V</u> <u>SV</u>	John Do Mike Jo Sally Sn	<u>nes</u>	
Type of Action (Check One)	Title		Name	Address
1) Change		_		
Add				
Remove				
2) Change				
Add		_		
Remove				
3 ) Change				
Add		_		
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add		_		
Remove				
6) Change		_		
Add				
Remove				

f amending or adding additional Articular additional Articular additional sheets, if necessary).	(Be specific)			
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The date of each amendment(s) adoption: 12/17/18	, if other than the
date this document was signed.	, other was
Effective date <u>if applicable</u> : 1/30/19	
(no more than 90 days after amendment file date,	)
Note: If the date inserted in this block does not meet the applicable statutory filing requirents the lateral series (13) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	nents, 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 was/were sufficient for approval.	the amendment(s)
There are no members or members entitled to vote on the amendment(s). The amendm adopted by the board of directors.	ent(s) was/were
Dated $\frac{1/2q/iq}{2q/iq}$	
Signature	
(By the chairman or vice chairman of the board, president or other of have not been selected, by an incorporator of in the hands of a recent other court appointed fiduciary by that fiduciary)	
MAJUEL D. GOEFMAN	
(Typed or printed name of person signing  PRESIDENT / DIRECTOR / REGISTERED F	
(Title of person signing)	· ——