P24000038259

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COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CORPO	RATION: VEAHAVTA JUD	AICA INC	
DOCUMENT NUM	P24000038259		
The enclosed Articles	of Amendment and fee are sul	bmitted for filing.	
Please return all corre	spondence concerning this ma-	tter to the following:	
	REBEKA COHEN		
		Name of Contact Person	
	CRN MANAGEMENT INC		
		Firm/ Company	
	4054 SW 50TH ST		
		Address	
	FORT LAUDERDALE, FL	33314	
		City/ State and Zip Code	
	CRNMANAGEMENTINC@	GMAIL.COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further informatic	on concerning this matter, pleas	se call:	
REBEKA COHEN		at (662 - 8222
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The Co	Address ment Section of Corporations entre of Tallahassee V. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of

VEAHAVTA	JUDAICA IN	IC
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(Name o	of Corporation as current	ly filed with the Florida Dept. of State	<u>:</u> }
P24000038259			
· · · · · · · · · · · · · · · · · · ·	(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the	following amendment(s)
A. If amending name, enter the new na	ime of the corporation:		
			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	'orp," "Inc," or "Co".	A professional corporation name mus	hreviation "Corp.," t-contain the word
B. Enter new principal office address, if applicable:		7472 NW 23RD ST	
Principal office address MUST BE A S		PEMBROKE PINES, FL 33024	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		7472 NW 23RD ST	·
		PEMBROKE PINES, FL 33024	. •
D. If amending the registered agent an new registered agent and/or the new			(O (V)
Name of New Registered Agent	DAVID A PERSIKO		
	7472 NW 23RD ST		
	(Florida si	reet address)	
New Registered Office Address:	PEMBROKE PINES	, Florida	33024
The real section of the section of t	-	(City)	(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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.

X Change	<u>PT</u>	John Do	<u>ıc</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	nith	
Type of Action (Check One)	Title		Name	Address
1) X Change	P		DAVID A PERSIKO	7472 NW 23RD ST
Add				PEMBROKE PINES, FL 33024
Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		<u> </u>		
Add				
Remove				

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	
<u>-</u>		· · · · · · · · · · · · · · · · · · ·
	. <u></u>	
	<u> </u>	
		
Ean amendment provides for an excl	ange, reclassification, or cancellation of issu	ied shares
provisions for implementing the ame	ndment if not contained in the amendment	itself:
(if not applicable, indicate N/A)		
		<u> </u>
	<u> </u>	
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The date of each amendment(s) ac date this document was signed.	option:	, if other than th
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	ock does not meet the applicable statutory filing requirements, t	his date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado action was not required.	oted by the incorporators, or board of directors without shareholde	er action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amend ficient for approval.	ment(s)
	roved by the shareholders through voting groups. The following seach voting group entitled to vote separately on the amendment(s,	
"The number of votes cast	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
selected	Pector, president or other officer – if directors or officers have not, by an incorporator – if in the hands of a receiver, trustee, or other officers by that fiduciary) DAVID A PERSIKO	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	***************************************