

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700320745707

12/07/18--01025--008 **35.00

2018 DEC -7 PM 4: 37 SECKETATY OF STATE

R. WHITE DEC 13 2018

COVER LETTER

TO: Amendment Section Division of Corporations

, i +

NAME OF CORPOR	ATION: 6300 NW 72nd Av	enue, Inc.	
DOCUMENT NUMB			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Zvi Shechter		
•		Name of Contact Person	1
		Firm/ Company	
	221 W. Hallandale Beach Bl	vd., Suite 107	
•	Hallandale, FL 33009	Address	
-		City/ State and Zip Cod	e e
zvi230	00@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Zvi Shechter		at (525-4235
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 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 Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, Fl. 32301

Articles of Amendment

FILED

Articles of Incorporation of 2018 DEC -7 PM 4: 37

6300 N.W. 72nd Avenue, Inc.			DE MAN	
(Name o	of Corporation :	as currently fil	led with the Florida Dept. of State) [-	
P95000039530			MULAWASSEE, FL	
	(Document	t Number of Co	rporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida St	atutes, this Floa	rida Profit Corporation adopts the following amendmen	t(s) to
A. If amending name, enter the new m	ime of the corpo	oration:		
			The new	
	ation "Corp."	"Inc," or "Co"	"company," or "incorporated" or the abbreviation. A professional corporation name must contain the	
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>		<u>ESS</u>)		
		_		
		-		
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)		-		
		_		
		_		
D. If amending the registered agent an new registered agent and/or the new			in Florida, enter the name of the	
Name of New Registered Agent	Zvi Shechter			
Mane by the registeringen	221 W. Halland	dale Beach Blv	d Suite 107	
		(Florida street c	uldress)	
New Registered Office Address;	Hallandale		, Florida 33009	
New Registered Office Address.		(Cit		
New Registered Agent's Signature, if c			and accept the obligations of the position.	
Thereig accept the approximent as regard	crea ageni. Tai		/ L	
		ZVI	MA	
	Signatu	re of New Regi.	stered Agent, if changing	

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	<u>PT</u>	<u>John Doc</u>		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address	
1) Change	PD	Yehuda Shechter	17555 Collins Avenue	
Add			Unit 1201	
X Remove			Sunny Isles Beach, FL 33009	
2) X Change	PD	Shimon Bouskila	6300 NW 72nd Avenue	
Add			Miami, FL 33166	
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

	cles, enter change(s) here: (Be specific)
	
If an amundment provider for un exch	tange, reclassification, or cancellation of issued shares,
	ndment if not contained in the amendment itself:
provisions for implementing the amer	
provisions for implementing the amer (if not applicable, indicate N/A)	
provisions for implementing the amer	

The date of each amendment(s	adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> : _		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this da Department of State's records.	te will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(se sufficient for approval.	8)
	approved by the shareholders through voting groups. The following stateme for each voting group entitled to vote separately on the amendment(s):	ળા
"The number of votes of	east for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholde	er.
action was not required	adopted by the incorporators without shareholder action and shareholder	
Decemb Dated	per 4, 2018	
Signature	z director, president or other officer – if directors or officers have not been	
sele	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other compointed fiduciary by that fiduciary)	τ
	Zvi Shechter	
	(Typed or printed name of person signing)	
	CFO	
	(Title of person signing)	