



Prescribed by **J. Kenneth Blackwell**

Ohio Secretary of State

Central Ohio: (614) 466-3910

Toll Free: 1-877-SOS-FILE (1-877-767-3453)

<b>Expedite this Form:</b> (Select One)	
<b>Mail Form to one of the Following:</b>	
<input type="radio"/> Yes	PO Box 1390 Columbus, OH 43216 *** Requires an additional fee of \$100 ***
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e-mail: busserv@sos.state.oh.us

### Certificate of Amendment by Shareholders or Members

(Domestic)

Filing Fee \$50.00

**(CHECK ONLY ONE (1) BOX)**

<b>(1) Domestic for Profit</b>	<b>PLEASE READ INSTRUCTIONS</b>	<b>(2) Domestic Non-Profit</b>	
	<input type="checkbox"/> Amended (122-AMAP)		<input type="checkbox"/> Amendment (125-AMDS)

**Complete the general information in this section for the box checked above.**

Name of Corporation TEMPLOM ORZO INC

Charter Number 1854656

Name of Officer Eva Szabo

Title President

Please check if additional provisions attached.

The above named Ohio corporation, does hereby certify that:

A meeting of the shareholders  directors ( *non-profit amended articles only*)

members was duly called and held on September 10, 2009  
(Date)

at which meeting a quorum was present in person or by proxy, based upon the quorum present, an affirmative vote was cast which entitled them to exercise 100 % as the voting power of the corporation.

In a writing signed by all of the shareholders directors (*non-profit amended articles only*)  
 members who would be entitled to the notice of a meeting or such other proportion not less than a majority as the articles of regulations or bylaws permit.

**Clause applies if amended box is checked.**

Resolved, that the following amended articles of incorporations be and the same are hereby adopted to supercede and take the place of the existing articles of incorporation and all amendments thereto.

**All of the following information must be completed if an amended box is checked.  
If an amendment box is checked, complete the areas that apply.**

**FIRST:** The name of the corporation is: TEMPLOM ORZO

**SECOND:** The place in the State of Ohio where its principal office is located is in the City of:

\_\_\_\_\_ (city, village or township)

\_\_\_\_\_ (county)

**THIRD:** The purposes of the corporation are as follows:

PLEASE SEE THE ATTACHED PAGE FOR AN AMENDMENT TO THE PURPOSE PARAGRAPH AND ADDITIONAL IRS PARAGRAPHS.

**FOURTH:** The number of shares which the corporation is authorized to have outstanding is: \_\_\_\_\_

**(Does not apply to box (2))**

**REQUIRED**

Must be authenticated  
(signed) by an authorized  
representative

**(See Instructions)**

×

\_\_\_\_\_

Authorized Representative

Eva Szabo, President

\_\_\_\_\_  
(Print Name)

1600 South Belvoir Blvd.

\_\_\_\_\_  
South Euclid, OH 44121

September 10, 2009

\_\_\_\_\_  
Date

\_\_\_\_\_

Authorized Representative

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_

\_\_\_\_\_  
Date