

N12 000005407

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

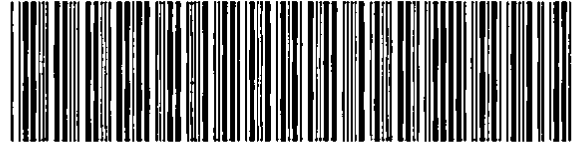
(Business Entity Name)

(Document Number)

Certified Copies     Certificates of Status

Special Instructions to Filing Officer:

Office Use Only



000332895390

08/31/19--01000--000 \*\*52.50

S TAILEN

AUG 30 2019

SECRETARY OF STATE  
OFFICE OF THE CLERK

2019 AUG 21 PM 1:47

FILED

Amend  
of  
N/C

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: JSW Moorish Temple of Amen-Ra E/ OSIRIS 3<sup>rd</sup> Dynasty, N. Calicut,

DOCUMENT NUMBER: 11/2000005407

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

FRANCE-MENKHEPERURE-RA-E/ OSIRIS  
Copyright/ Copy Claim. (Name of Contact Person)

OSIRIS 3<sup>rd</sup> Dyn. N. Calicut  
(Firm/ Company)

Hamden Rd - Suit 8437  
(Address)

JACKSONVILLE - Florida [32244-9998]  
(City/ State and Zip Code)

FRANCE-RAE/ 120 + yahoo. com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FRANCE-MENKHEPERURE-RA-E/ OSIRIS at 386 336 0724  
Copyright/ Copy Claim (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:

- \$35 Filing Fee
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
- \$52.50 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

**Street Address**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

2019 AUG 21 PM 1:47  
SECRETARY OF STATE  
CORPORATION DIVISION  
FILED

Articles of Amendment  
to  
Articles of Incorporation  
of

J S W MUDRISH TEMPLE OF AMEN - BAEI DSIRIS 3RD DYNASTY NORTH Gate inc  
(Name of Corporation as currently filed with the Florida Dept. of State)

N12000005407  
(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

THE TEMPLE OF MAURI - BEAERS - AMEN - KH: TRUST inc The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

**B. Enter new principal office address, if applicable:  
(Principal office address MUST BE A STREET ADDRESS)**

c/o 289 Old Highway 17  
Crescent City FL  
32112

**C. Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)**

P.O. Box 542  
LAKE COMO FL  
32157-9998

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent: \_\_\_\_\_

(Florida street address)

New Registered Office Address: \_\_\_\_\_

\_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip Code)

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

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

PRINCE - MUKHE PARUK - KHAEI DSIRIS  
Signature of New Registered Agent, if changing  
COPYRIGHT / COPY CLAIM

**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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
2) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
3) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
4) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
5) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
6) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____



The date of each amendment(s) adoption: 08 | 12 | 2019, if other than the date this document was signed.

Effective date if applicable: 08 | 12 | 2019  
(no more than 90 days after amendment file date)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated 08 | 12 | 2019

Signature Copy-RIGHT / Copy CLAIM - PRINCE - MEN THE DURUKE - RA: EI USI AIS  
(By the chairman or 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)

Copy-RIGHT / Copy CLAIM - PRINCE - MEN THE DURUKE - RA: EI USI AIS  
(Typed or printed name of person signing)

President and Minister sub  
(Title of person signing)

REGISTERED AGENT