

N15000002168

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

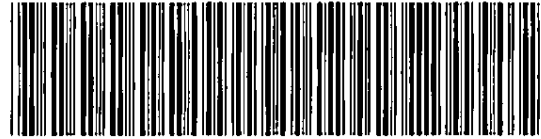
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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*Amen*

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2023 JUN -5 PM 12 32  
2023 JUN -5 PM 3:46  
STATE

A. RAMSEY

JUN 5 2023

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

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236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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**WALK IN**

**PICK UP:** Cat 6/5

**CERTIFIED COPY** \_\_\_\_\_

**XX PHOTOCOPY** \_\_\_\_\_

**CUS** \_\_\_\_\_

**XX FILING** INC AMEND

**1. AISHA CULTURAL CENTERS, INC.**  
(CORPORATE NAME AND DOCUMENT #)

**2.**  
(CORPORATE NAME AND DOCUMENT #)

**3.**  
(CORPORATE NAME AND DOCUMENT #)

**4.**  
(CORPORATE NAME AND DOCUMENT #)

**5.**  
(CORPORATE NAME AND DOCUMENT #)

**6.**  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL INSTRUCTIONS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: AISHA CULTURAL CENTERS, INC.

DOCUMENT NUMBER: NI5000002168

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

Please return all correspondence concerning this matter to the following:

JAMAL HASSOUNEH  
Name of Contact Person  
AISHA CULTURAL CENTERS, INC.  
Firm/ Company  
1569 CARRINGTON AVENUE  
Address  
WINTER SPRINGS FL 32708  
City/ State and Zip Code  
jamal@consoreng.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAMAL HASSOUNEH at ( 407 ) 383-9169  
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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED

2023 JUN -5 PM 12 32

AISHA CULTURAL CENTERS, INC

(Name of Corporation as currently filed with the Florida Dept. of State)

N1500002168

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(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:**

N/A

*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)

1131 Hancock Lone Palme Rd

Orlando, FL 32828

**C. Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

1569 Carrington Ave

Winter Spring FL 32708

**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:

New Registered Office Address:

(Florida street address)

(City)

Florida

(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.*

*Signature of New Registered 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:

<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	<u>D</u>	<u>MAMDOUH ZEINI</u>	<u>422 S. ALAFAYA TR. #29</u>
<input checked="" type="checkbox"/> Remove			<u>ORLANDO, FL 32828</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add	<u>D</u>	<u>IBRAHIM ZEINI</u>	<u>422 S. ALAFAYA TR. #29</u>
<input checked="" type="checkbox"/> Remove			<u>ORLANDO, FL 32828</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add	<u>D</u>	<u>Mourad Maach</u>	<u>17169 Sunflower Trail</u>
<input checked="" type="checkbox"/> Remove			<u>Orlando, FL 32828</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	<u>D</u>	<u>BRIAN McELROY</u>	<u>326 S RANGER BLVD</u>
<input type="checkbox"/> Remove			<u>ORLANDO FL 32792</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	<u>D</u>	<u>SAMAR MADY</u>	<u>2660 WEMBLEYCROSS WAY</u>
<input type="checkbox"/> Remove			<u>ORLANDO FL 32828</u>
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	<u>D</u>	<u>OMAR MOHAMMED</u>	<u>14573 CHEEVER STREET</u>
<input type="checkbox"/> Remove			<u>ORLANOD FL 32828</u>

**E. If amending or adding additional Articles, enter change(s) here:**

*(attach additional sheets, if necessary). (Be specific)*

N/A

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**E. If amending or adding additional Articles, enter change(s) here:**

*(Attach additional sheets, if necessary). (Be specific)*

N/A.

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**

*(if not applicable, indicate N/A)*

N/A

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The date of each amendment(s) adoption: 05/30/2023 if other than the date this document was signed.

Effective date if applicable: 05/30/2023  
(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 05/30/2023 \_\_\_\_\_

Signature Jamal A. Hassouneh  
(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)

JAMAL HASSOUNEH  
\_\_\_\_\_  
(Typed or printed name of person signing)

DIRECTOR  
\_\_\_\_\_  
(Title of person signing)