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COVER LETTER

	COVER LETTER		,
TO: Amendment Section Division of Corporations			1580
BAYAAN ACADEN NAME OF CORPORATION:	MY INC		*\$\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
N15000007696 DOCUMENT NUMBER:			_ 3 6
The enclosed Articles of Amendment and fee are subt	nitted for filing.		
Please return all correspondence concerning this matte	er to the following:		
NAUREEN AZAM			
	(Name of Contact Person)		
BAYAAN ACADEMY INC			
	(Firm/ Company)		 .
15435 Morris Bridge Road.			
	(Address)		
Thonotosassa, FL 33592			
	(City/ State and Zip Code)		
naureenazam@hottnail.com			
E-mail address: (to be used	for future annual report ne	tilication)	
For further information concerning this matter, please	call:		
SAEEDA MANSOOR	813	322-3936	
(Name of Contact Person		(Code) (Daytime Telephone Number)	
Enclosed is a check for the following amount made pa	yable to the Florida Depart	ment of State:	
■ \$35 Filing Fee	□\$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	Street A	ddress	

Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

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

Articles of Amendment to Articles of Incorporation

Mass BAYAAN ACADEMY INC (Name of Corporation as currently filed with the Florida Dept. of State) N15000007696

(Document Num	nber of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statuamendment(s) to its Articles of Incorporation:	utes, this Florida Not For Profit Corporation adopts the followin
A. If amending name, enter the new name of the corpora	ation:
name must be distinguishable and contain the world "commo	The nev
"Company" or "Co," may not be used in the name.	vanon or incorporatea or the ambreviation Corp. or the.
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRES.</u>	<u>s</u>)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	15435 Morris Bridge Road,
	Thonotosassa, Fl. 33592
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	
Name of New Registered Agent:	
New Registered Office Address:	(Florida street address)
	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am j	
	Signature of New Pagistored 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 X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doc Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			<u> </u>
4) Change			<u> </u>
Add Remove			
5) Change			
Add			
Remove			
6) Change Add			
Remove			

If amending or ac attach additional s	sheets, if necess	ary). (Be	e specific)	<u> </u>				
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(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, document's effective date on the Department of State's records.	this date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
■ The amendment(s) was/were adopted by the members and the number of votes cast for the arwas/were sufficient for approval.	nendment(s)
There are no members or members entitled to vote on the amendment(s). The amendment(s) adopted by the board of directors.	was/were
Dated	
Signature (By the chairman or vice chairman of the board, president or other officer-	if dimensions
have not been selected, by an incorporator – if in the hands of a receiver, other court appointed fiduciary by that fiduciary)	
Tmad A. Dibo (Typed or printed name of person signing)	
Board Chairman (Title of person signing)	
(The or person signing)	