N23000014757

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: KISSIMMER ISLAMTIC CENTER IN
DOCUMENT NUMBER: N23000014757
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Abolevrahman Soli (Name of Contact Person)
Kissimmee islamtic Center
4750 SWIND BLUD (Address)
KISSIMMEE FL 347LL6 (City/ State and Zip Code)
CISSIMMEETS Lamic Center Q Gnail. Com
For further information concerning this matter, please call:
Abolevnahman Jali' at 407-873-3944 (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:
S35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee Certificate of Status (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 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

(Name of Corporation as currently filed with the Flor	ida Dept. of State)	ب ي ڪ ^{ي ج}
N23000014757	_	
(Document N	- lumber of Corporation (if known)	
Pursuant to the provisions of section 617,1006, Florida Stamendment(s) to its Articles of Incorporation:	tatutes, this Florida Not For Profit	Corporation adopts the following
A. If amending name, enter the new name of the corp		·
Kissimmee ISLAN	110 Center	The new
name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name.	poration" or "incorporated" or the	abbreviation "Corp." or "Inc."
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE</u> A STREET ADDRI	FCC	
Trincipui office unuress <u>brost bi</u> , <u>A STREET ADDAK</u>		
		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX)</u>		
(Maning address MAT DI. A TUST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·
		<u> </u>
D. If amending the registered agent and/or registered	Laffien address in Florida, antar t	ha nama af tha
new registered agent and/or the new registered off	ice address:	ne name or the
Name of New Registered Agent:		
name of the registrous sem.	· · · · · · · · · · · · · · · · · · ·	
	(Florida stre	et address)
New Registered Office Address:		
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registo	ered Agent:	
I hereby accept the appointment as registered agent. Ta.	m familiar with and accept the obli	gations of the position.
	 Signature of New Registered Age 	ent, 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	PT V SV	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add			
Remove			
2) Change Add	· ····································		
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			***
		onal Articles, enter change(s) here: essary). (Be specific)	
	<u> </u>		

•		
		
	<u></u>	
		
The date of each amendment(s) adopt date this document was signed.	otion:	if other than the
Effective data if applicable.		
is nective date it applicable.	(no more than 90 days after amendment file date)	
	does not meet the applicable statutory filing requirements, this date will not be	listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop was/were sufficient for approval.	oted by the members and the number of votes east for the amendment(s)	

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 12 - 12 - 2023
Signature
(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)
Abdervalum dali (Typed or printed name of person signing)
Vice Dre & Lend (Title of person signing)