N04000005135

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
ALLAHASSEE FLORIDA

Amera C.COULLIETTE MAR 0 8 2009

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: \\SL	AMIC CENTER OF LAKELAND, INC
DOCUMENT NUMBER: NO4	000005135
The enclosed Articles of Amendment and	fee are submitted for filing.
Please return all correspondence concerni	ng this matter to the following:
INSHAN	Name of Contact Person)
	(Firm/ Company)
9002 KATHL	EEW RD (Address)
LAKELAND	FL 33810 City/ State and Zip Code)
For further information concerning this m	natter, please call:
OSAMA KAMALI, CPA (Name of Contact Person)	at (<u>813</u>) <u>899.9642</u> (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amo	ount made payable to the Florida Department of State:
■\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	
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

Articles of Amendment to ' Articles of Incorporation of

(Name of Corporation as currently filed	
NO40000	
(Document Number of Cor	poration (if known)
Pursuant to the provisions of section 617.1006, Florida Stathe following amendment(s) to its Articles of Incorporation	
A. If amending name, enter the new name of the corpo	ration:
The new name must be distinguishable and contain the	word "corporation" or "incorporated" or the
abbreviation "Corp." or "Inc." "Company" or "Co." ma	
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRE</u>	<u>SS</u>)
	CC M - gw
	777
C. Enter new mailing address, if applicable:	SSERY
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
	Barana
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi	
	
Name of New Registered Agent:	
Non-Books and Office Address.	(Florida atuat adduses)
New Registered Office Address:	(Florida street address)
<u> </u>	, Florida_
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. position.	
Signature o	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) **Title** Name Address **Type of Action** ☐ Add ☐ Remove ☐ Add ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) dissolution of the organiza North

The date of each amendment(s) adoption: 2/19/2009
Effective date if applicable: 2/19/2009
(no more than 90 days after amendment file date)
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 2/19/2009
Signature Surle M
(By the chairman or vice chairman of the board, president or other officer-if directo have not been selected, by an incorporator — if in the hands of a receiver, trustee, other court appointed fiduciary by that fiduciary)
INSHAN ALI
(Typed or printed name of person signing)
Director
(Title of person signing)