NO50000 4606

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2019 SEP -6 AM 10: 26



COVER LETTER

TO: Amendment Section Division of Corporations ISSA TRUST FOUNDATION, INC. NAME OF CORPORATION: N05000004606 DOCUMENT NUMBER: __ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Richard A. Barber (Name of Contact Person) Richard A. Barber, CPA, PA (Firm/ Company) 803 Shallow Brook Ave (Address) Winter Springs, Fl 32708 (City/ State and Zip Code) rabarber@att.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Richard A. Barber 407 327-9935 (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 & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is

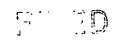
Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Street Address

Amendment Section Division of Corporations Clifton Building

Enclosed)

Articles of Amendment to Articles of Incorporation of



Isssa Trust Foundation, Inc.		2019 SEP -6	AH 10: 26
(Name of Corporation as	currently filed with the l	Florida Dept. of State)	~
N05000004606		•	. :
(Document	Number of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not	For Profit Corporation	adopts the followin
A. If amending name, enter the new name of the co	rporation:		
			The nes
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.		ated" or the abbreviation	s "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADD</u>			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u> </u>		
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		da, enter the name of th	<u>1e</u>
Name of New Registered Agent:			
		(Florida street address)	
New Registered Office Address:			
		, Florid	la
	(City)	(Zi _I .	Code)
New Registered Agent's Signature, if changing Regit hereby accept the appointment as registered agent.	stered Agent: I am familiar with and acc	ept the obligations of the	position.
	Signature of New Re	gistered Agent, if changi	ng

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>V</u> <u>Mi</u>	nn Doe ke Jones lly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	VP	ABRAHAM ISSA	5125 DONATELLO ST
X Add			CORAL GABLES, FL 33146
Remove			
2) Change	VP	DEAN SULLIVAN	1000 SAWGRASS CORPORATE
Add			PARKWAY, SUITE 560
X Remove			SUNRISE, FL 33323
3) Change	CFO	JAN POLACK	1410 MILAN AVENUE
X Add			CORAL GABLES, FL 33134
Remove			
4) X Change	PRO	ALEXANDRA GHISAYS	24 ST MARY COUNTRY CLUB
Add			ST MARY, JAMAICA AF
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Articatach additional sheets, if necessary).	(Be specific)				
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75.	date of each ame	ndmant(c) ada	08/26/2019	, if other than the
	this document was		puon:	, ii other than the
Eff	ective date <u>if appli</u>	08/26/.	2019	
	<u></u>		(no more than 90 days after amendment file date)	
			does not meet the applicable statutory filing requirements, this date will not rtment of State's records.	be listed as the
Adoption of Amendment(s)		ent(s)	(<u>CHECK ONE</u>)	
	The amendment(s was/were sufficient		pted by the members and the number of votes cast for the amendment(s)	
	There are no men adopted by the be		rs entitled to vote on the amendment(s). The amendment(s) was/were	
	Dated	08/26/2019		
	Signature	5		
	-	have not been	an or vice chairman of the board, president or other officer-if directors selected, by an incorporator – if in the hands of a receiver, trustee, or pointed fiduciary by that fiduciary)	_
		ABRAHA	M ISSA	
			(Typed or printed name of person signing)	
		VP		
			(Title of person signing)	