

N0600000/054

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

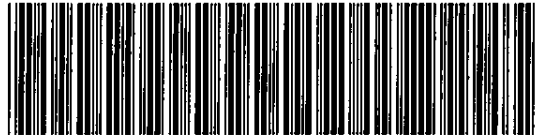
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200180704232

01/14/11--01020--004 **35.00

FILED

2011 JAN 13 P 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AC
Therwis
1-14-11

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Sharia Academy of America, INC

DOCUMENT NUMBER: ND68000001054

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

Please return all correspondence concerning this matter to the following:

David A. Geller, esq.
(Name of Contact Person)

Geller Mitha, P.A.
(Firm/ Company)

15500 New Barn Rd., suite 104
(Address)

Miami Lakes, FL 33014
(City/ State and Zip Code)

David.geller@gellermitha.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Geller at (305) 403-0142
(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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RECEIVED
JAN - 4 AM 7:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 4, 2011

DAVID GELLER, ESQ.
GELLER MITHA, P.A.
15500 NEW BARN ROAD, STE. 104
MIAMI LAKES, FL 33014

SUBJECT: SHARIA ACADEMY OF AMERICA, INC.
Ref. Number: N06000001054

We have received your document for SHARIA ACADEMY OF AMERICA, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

Written approval and clearance of the terms "UNIVERSITY" and "COLLEGE" must be obtained from the Department of Education, pursuant to section 1005.03, Florida Statutes. The address is :

Commission of Independent Education
Florida Department of Education
325 W. Gaines St., Suite 1414
Tallahassee, FL 32399-0400
(850) 245-3200

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 711A00000149

RECEIVED
11 JAN 13 PM 2:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

Sharia Academy of America, Inc.

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

ND6000001054

(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:

Islamic University of North America, Inc.

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)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

SECRETARY OF
TALLAHASSEE, FLORIDA

2011 JAN 13 P 3:41

FILED

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

[illegible]

The date of each amendment(s) adoption: 12-17-10
(date of adoption is required)

Effective date if applicable: _____
(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 12-20-10

Signature [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)

Haitham Barazani
(Typed or printed name of person signing)

Treasurer
(Title of person signing)