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COVER LETTER

TO: Amendment Section Division of Corporations

SI NAME OF CORPORATION:	idanese American	Association in Jack:	sonville, FL,	Inc	
DOCUMENT NUMBER:	NIC	98000 C	010	48	
The enclosed Articles of Amendme	nt and fee are sub	mitted for filing.			
Please return all correspondence co	ncerning this matt	er to the following:			
Abdelgafar I Hamed					
		(Name of Contact I	Person)		
Sudanese American Association in	Jacksonville, FL,	Inc			
		(Firm/ Compar	ıy)		
14765 Bulow Creek Dr					
	-	(Address)			
Jacksonville "FL 32258					
		(City/ State and Zip	Code)		
E-mail a	ddress: (to be use	d for future annual re	port notifica	tion)	
For further information concerning	this matter, please	call:			
Abdelgafar Hamed		а	904	860-3522	
(Name	of Contact Persor	a)	(Area Cod	e) (Daytime Telep	phone Number)
Enclosed is a check for the following	ig amount made p	ayable to the Florida	Department	of State:	
■ \$35 Filing Fee □\$43 Cer	.75 Filing Fee & titicate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy enclosed)	is Ce (A	2.50 Filing Fee rtificate of Status rtified Copy dditional Copy is aclosed)	
Mailing Address		S.	root Addros	· c	

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

Sudanesee American Association in Jacksonville, FL. Inc

(Name of Corporation as currently filed with the Flor	rida Dept. of State)
NOSCIT	70001148
(Document N	Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Samendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corp	poration:
	The new
name must be distinguishable and contain the word "cor" "Company" or "Co." may not be used in the name.	poration" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDR	<u>ESS</u>)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	- 15 F
	至
D. If amending the registered agent and/or registered new registered agent and/or the new registered off	office address in Florida, enter the name of the
Name of New Registered Agent:	
mane of their Negmerea Agent.	
	(Florida street address)
New Registered Office Address:	
	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regist	ered Agent:
I hereby accept the appointment as registered agent. I a	m familiar with and accept the obligations of the position.
	Signature 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)

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 Doe 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) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
F. If amending or adding (attach additional sheet)	e additions, if neces	nal Articles, enter change(s) here: sary). (Be specific)	
Article III The specific pu	irpose foi	which this corporation is organized is: Non-profit or	ganization for social services,
charitable and humaintaria	ın purpos	es as describled in the Internal Revenue Code Section	1 501(c)(3)
Article IX: Upon dissoluti	on the rei	maining assets must be used execlusively for exempt j	ourposes
Article X: The organization	n Shall b	e financed by public and private donations, service fe	es, all level of governments grants.

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	(1717)000	
The date of each amendment(s) adopt	ion:	if other than the
date this document was signed.		, 0 0
and the detailer was signed.		
Effective date if applicable:		
Enterior date a apparente.	(no more than 90 days after amendment file date)	
	(no more titule zo dajis after amendinent fite adie)	
Note: If the date inserted in this block d	does not meet the applicable statutory filing requirements, this date	will not be listed as the
document's effective date on the Depart	ment of State's records	c with not be fisted as the
assument s effective dute on the Deput	mone of onde o records.	
Adoption of Amendment(s)	(CHECK ONE)	
prion of timenument(s)	(Cittle Olite)	

The amendment(s) was/were adopted by the members and the number of votes east for the amendment(s) was/were sufficient for approval.

	6/7/2020
Dated	
Signatu	re
_	(By the chairman or rice 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)
	Abdelgafar Hamed
	(Typed or printed name of person signing)

(Title of person signing)