# N0900001347

(Re	equestor's Name)	
(Ad	ldress)	u ===
. (Ad	dress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
	•	
(Bu	siness Entity Nar	ne)
(=-	<b>-</b>	,
(0.	ocument Number)	
(DC	ocument Number)	
•		
Certified Copies	_ Certificates	s of Status
•		
Special Instructions to	Filing Officer:	
		ļ
		İ
<u> </u>		

Office Use Only



300145110803

03/09/09--01013--028 \*\*35.00

09 MAR -9 AN II: 33'
SECRETARY OF STATE
TALLAHASSEF FINANCE



#### **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Health Education Business Association, Inc.		
DOCUMENT NUMBER: N09000001347		
The enclosed Articles of Amendment and fee ar	e submitted for filing.	
Please return all correspondence concerning this	s matter to the following:	
Sinan A. Ahmad, President	f Contact Person)	
Health Education Business	,	
(Firm	n/ Company)	
12739 N. 57th Street	Address)	
Tampa, Florida 33617 (City/ Sta	nte and Zip Code)	
For further information concerning this matter, p	blease call:	
Sinan A. Ahmad, President (Name of Contact Person)	at ( <u>813</u> ) <u>377-9977</u> (Area Code & Daytime	
Enclosed is a check for the following amount ma	ade payable to the Florida Depa	artment 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 Cir-	cle

Tallahassee, FL 32301

#### Articles of Amendment to Articles of Incorporation of

Health Education	<u>n Business Association, Ir</u>	1C
(Name of Corporation as currer	itly filed with the Florida Dept. of	
<b>.</b>	0000004047	P.C. M
	09000001347	
(Document Numb	per of Corporation (if known)	75.77
Pursuant to the provisions of section 617.1006, F	lorida Statutes, this Florida Not Fo	or Profit Corporation adof
the following amendment(s) to its Articles of Inc		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
		ONT
A. If amending name, enter the new name of t	the corporation:	O. C.
		· •
		7 - 7 - 7
The new name must be distinguishable and cor		
abbreviation "Corp." or " Inc." <u>"Company" or</u>	"Co." may not be used in the name	<u>e</u> .
B. Enter new principal office address, if appli	cable	
(Principal office address MUST BE A STREET		
Trincipul Office unuress MOST BE A STREET	ADDRESS )	
•		
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	E BOX)	
D. If amending the registered agent and/or reg		enter the name of the
new registered agent and/or the new register	ered office address:	
N 631 P 1		
Name of New Registered Agent:		<del></del>
	,	
New Registered Office Address:	(Florida street address)	
New Registered Office Address.	(1.07 laa sireel aaaress)	
		. Florida
. —	(City)	(Zip Code)
	(0)	(2.1)
New Registered Agent's Signature, if changing	Registered Agent:	
hereby accept the appointment as registered of	agent. I am familiar with and ac	ecept the obligations of th
position.	· ·	
Sig	nature 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>VP</u>	Ayham Al Hafez		Add Remove
VP	Boushikhi Fauzia	12739 N. 57th Street Tampa, Florida 33617	Add Remove
<u>VP</u>	Nasim Mubark		☐ Add ☐ Remove
(attach addit	or adding additional Articles, enter clional sheets, if necessary). (Be specific organization is organized exclusive	)	educational,
and scientific	purposes under section 501 (c) (3	3) of the Internal Revenue Co	ode, or any
future federal	tax code.		
Article IV-Upo	on disolution of this organization, a	all remaining assets shall be	transfered to
another 501 (	c) (3) organization.		
Article IV-This	s Organization does not discrimina	ate on the basis of race, colo	r, creed,
national origin	n, religion, or sexual orientation.		
			<del> </del>
		,	

## 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	<u>Name</u>	Address	Type of Action
Sec/Tr	Mohd, Mohd	7441 1st St NE Tampa, Florida 33617	
	erene		
E. If amend (attach aa	ling or adding additional Articled itional sheets, if necessary).	es, enter change(s) here: (Be specific)	
-			
			•
		· · · · · · · · · · · · · · · · · · ·	

The date of each amendment	i(s) adoption: February 24, 2009
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we was/were sufficient for app	re adopted by the members and the number of votes cast for the amendment(s) roval.
There are no members or radopted by the board of dis	nembers entitled to vote on the amendment(s). The amendment(s) was/were rectors.
Dated <u>Feb</u>	ruary 24, 2009 ,
Signature _	( Almen al ahmad
hav	the chairman or vice chairman of the board, president or other officer-if directors e not been selected, by an incorporator — if in the hands of a receiver, trustee, our court appointed fiduciary by that fiduciary)
	Sinan A. Ahmad
	(Typed or printed name of person signing)
	President President
	(Title of person signing)

Page 3 of 3