

NO9000004325

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

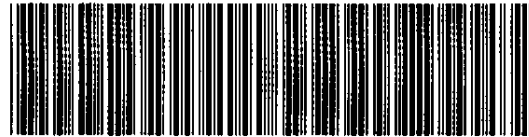
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA  
10 JUN 16 AM 8:10

Amend  
@ 6/17/10

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Ansar-Ud-Deen Grammar School Isaga Abeokuta Alur  
Alumni Assoc. (N America) Inc

**DOCUMENT NUMBER:** N09000004325

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

Please return all correspondence concerning this matter to the following:

O MICHAEL EMOKPAE

(Name of Contact Person)

HIGH END INCOME TAX & ACCOUNTING SERVICES

(Firm/ Company)

4200 NW 16TH STREET STE 600-A

(Address)

LAUDERHILL, FL 33313

(City/ State and Zip Code)

HIGHENDACCOUNTING@MSN.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

O MICHAEL EMOKPAE

(Name of Contact Person)

at ( 954 ) 730-7673

(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 10, 2010

O. MICHAEL EMOKPAE 2ND MAILING  
HIGH END INCOME TAX & ACCOUNTING  
4200 NW 16TH ST., STE. 600-A  
LAUDERHILL, FL 33313

SUBJECT: ANSAR-UD-DEEN GRAMMAR ISAGA ABEOKUTA ALUMNI  
ASSOC. (N AMERICA) INC  
Ref. Number: N09000004325

We have received your document for ANSAR-UD-DEEN GRAMMAR ISAGA ABEOKUTA ALUMNI ASSOC. (N AMERICA) INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton  
Regulatory Specialist II

Letter Number: 410A00014235



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 8, 2010

O. MICHAEL EMOKPAE  
HIGH END INCOME TAX & ACCOUNTING  
4200 NW 16TH ST., STE. 600-A

SUBJECT: ANSAR-UD-DEEN GRAMMAR ISAGA ABEOKUTA ALUMNI  
ASSOC. (N AMERICA) INC  
Ref. Number: N09000004325

We have received your document for ANSAR-UD-DEEN GRAMMAR ISAGA ABEOKUTA ALUMNI ASSOC. (N AMERICA) INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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Irene Albritton  
Regulatory Specialist II

Letter Number: 410A00014235

Articles of Amendment  
to  
Articles of Incorporation  
of

Ansar-Ud-Deen Grammar School Isaga Abeokuta Alumni Assoc. (N America) Inc  
(Name of Corporation as currently filed with the Florida Dept. of State)

N09000004325

(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:**

*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)

N/A

**C. Enter new mailing address, if applicable:**  
(Mailing address MAY BE A POST OFFICE BOX)

N/A

**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:

N/A

New Registered Office Address:

N/A

(Florida street address)

\_\_\_\_\_, Florida \_\_\_\_\_  
(City) (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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
10 JUN 16 AM 8:10

**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)*

Please add the following to Article III:

a. Said organization is organized exclusively for charitable, religious, educational, and scientific purposes, including, for such purposes, the making of distributions that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future tax code.

b. Upon the dissolution of the organization, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal government, or to a state or local government, for a public purpose. Any such assets not disposed of shall be disposed of by the Court of competent jurisdiction of the county in which the principal office of the organization is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

The date of each amendment(s) adoption: June 1 2010

(date of adoption is required)

Effective date if applicable: \_\_\_\_\_

(no more than 90 days after amendment file date)

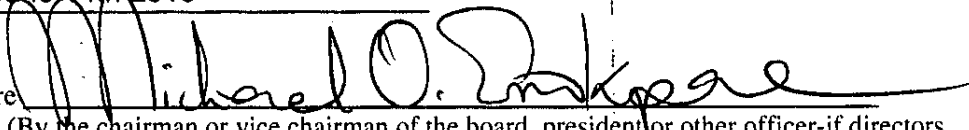
Adoption of Amendment(s)

**(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 June 14th 2010

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)

O MICHAEL EMOKPAE

(Typed or printed name of person signing)

ASSISTANT SECRETARY

(Title of person signing)