

NO 900000 4415

(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:

Pg 1 missing

Office Use Only



900266913129

Amended

12/01/14--01015--014 **35.00

FILED
2014 DEC -1 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DR
12/12/14



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 8, 2014

OMAR MOSTAFA
11010 N 30TH ST
TAMPA, FL 33612

SUBJECT: ABU BAKR ISLAMIC CENTER INC.
Ref. Number: N09000004415

We have received your document for ABU BAKR ISLAMIC CENTER 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):

Page 1 is missing and must be included in the document.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6050.

Rebekah White
Regulatory Specialist II

Letter Number: 714A00025843

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: **ABU BAKR ISLAMIC CENTER INC**

DOCUMENT NUMBER: **N09000004415**

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

Please return all correspondence concerning this matter to the following:

OMAR MOSTAFA

(Name of Contact Person)

ABU BAKR ISLAMIC CENTER INC

(Firm/ Company)

~~11010 N 30TH STREET~~ **7419 Savannah Lane**

(Address)

TAMPA, FL 33612 33637

(City/ State and Zip Code)

OMARMOSTAFA49@HOTMAIL.COM

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

For further information concerning this matter, please call:

OMAR MOSTAFA

(Name of Contact Person)

at (**571**) **217-2141**

(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

Articles of Amendment
to
Articles of Incorporation
of

ABU BAKR ISLAMIC CENTER INC.

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

N09000004415

(Document Number of Corporation (if known))

FILED
2014 DEC -1 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

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:

(Florida street address)

New Registered Office 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

(Attach additional sheets, if necessary)

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.

Example:

Address

d) _____ Change _____
 _____ Add _____
 _____ Remove _____

[illegible]

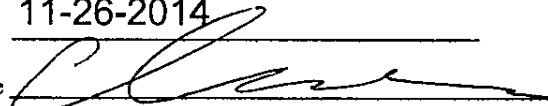
The date of each amendment(s) adoption: _____, if other than the date this document was signed.

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 11-26-2014

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)

WALID BEN KHAFFED

(Typed or printed name of person signing)

DIRECTOR

(Title of person signing)