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(Re	questor's Name)	
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(City	y/State/Zip/Phone	e #)
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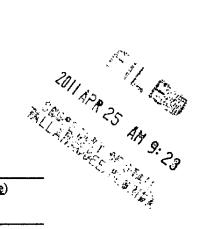
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: RAHMA Merc	cy Clin	c, Inc		
DOCUMENT NUM	BER: N10000004669				
The enclosed Articles	s of Amendment and fee are su	bmitted f	or filing.		
Please return all corre	espondence concerning this ma	tter to the	followin	ng:	
		stafa Ah			
	(Name o	f Contact	Person)		
	RAHMA Me	rcy Clir	ic Presi	dent	
	(Fire	n/ Comp	any)	• •	
	POI	Box 142	441		
- ,		(Address)			
	Gaines	ville FL	22600		
	(City/ Sta				
	info@rahm	namerc\	elinie ec	nm	
	E-mail address: (to be use				eation)
For further information	on concerning this matter, pleas	se call:			
Mustafa Ahmed		at (267	972-824	16
(Name	of Contact Person)		(Area	Code & Dayti	me Telephone Number)
Enclosed is a check fo	or the following amount made p	payable t	the Flor	ida Departmen	at of State:
\$35 Filing Fee	□ \$43.75 Filing Fee & Certificate of Status	Cert (Ad	43.75 Fili ified Cop ditional co losed)		□ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	ng Address			Address	is chorosou)
	dment Section on of Corporations		Amendment Section Division of Corporations		
	Sox 6327			on of Corporation n Building	ULIS
	assee, FL 32314			Executive Cente	r Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



RAHMA Mercy Clinic Inc.

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

N10000004669

(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:

The new name must be distinguishable and c bbreviation "Corp." or "Inc." <u>"Company"</u>		
3. Enter new principal office address, if ap Principal office address <u>MUST BE A STRE</u>		
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)		
D. If amending the registered agent and/or new registered agent and/or the new registered Agent:		, enter the name of the
new registered agent and/or the new reg		, enter the name of the
new registered agent and/or the new reg	stered office address:	, Florida

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>	Type of Action
DIR	Ihab Herraka	4440 SW Archer Rd Gainesville FL 32608	☐ Add ☑ Remove
Sec	Aliyah O'Keefe	2735 SW 35th Pl, #904 Gainesville Fl 32608	☑ Add ☐ Remove
Tres	Ahmed El-Hady El-Mahdawy	4421 SW 85th Way Gainesville FI 32608	☑ Add □ Remove
(attach addit	or adding additional Articles, enter clional sheets, if necessary). (Be specific	r charitable, religious, educa	
and scientific	purposes, including, for such pur	poses, the making of distribu	tions
to organization	ons that qualify as exempt organiz	ations under section 501(c)(3) of the Internal
Revenue Co	de, or corresponding section of an	y future federal tax code.	
II. Upon the	dissolution of the corporation or the	e winding up of its affairs, the	assets of the
corporation s	hall be distributed for one or more	exempt purposes within the	meaning of
section 501(c)(3) of the Internal Revenue Code	, or corresponding section o	f any future
federal tax co	ode, or shall be distributed to the fe	ederal government, or to a st	ate or
local govern	ment, for a public purpose. Any su	ch assets not disposed of st	nall be disposed
of by the Cou	urt of Common Pleas of the county	in which the principal office	of the
organization	is then located, exclusively for suc	h purposes or to such organ	ization
or organization	ons, as said Court shall determine	, which are organized and o	perated
exclusively fo	or such purposes.		
			

The date of each amendment(s) a	doption; 4/11/11
•	(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 adwas/were sufficient for approval	lopted by the members and the number of votes cast for the amendment(s)
There are no members or members adopted by the board of directo	bers entitled to vote on the amendment(s). The amendment(s) was/were rs.
Dated 4/19/11 Signature	ufu
(By the have no	chairman or vice chairman of the board, president or other officer-if directors t been selected, by an incorporator – if in the hands of a receiver, trustee, ourt appointed fiduciary by that fiduciary)
	Mustafa Ahmed
	(Typed or printed name of person signing)
_	President and Incorporator
	(Title of person signing)