## N11000004287

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## **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

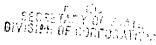
NAME OF CORPORATION	Muslim Social Service	es of South Florida,	Inc.	
	N11000004287			
DOCUMENT NUMBER:				
The enclosed Articles of An	nendment and fee are subm	itted for filing.		
Please return all correspond	ence concerning this matter	to the following:		
Sadia Shakir				
	(	Name of Contact Pe	rson)	
Sadia Shakir, Esq.				
	<del> </del>	(Firm/ Company	)	· · · · · · · · · · · · · · · · · · ·
16984 Niagara Court				
		(Address)		
Northville, MI 48168				
	(1	City/ State and Zip (	Code)	
sadia.shakir@gmail.com				
I	E-mail address: (to be used t	or future annual rep	ort notification	1)
For further information con-	cerning this matter, please c	all:		
Sadia Shakir		at	734	637-9238
	(Name of Contact Person)		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the	following amount made pay	able to the Florida D	Department of	State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & C Certificate of Status	3\$43.75 Filing Fee of Certified Copy (Additional copy is enclosed)	Certif Certif	0 Filing Fee ficate of Status fied Copy tional Copy is osed)
Mailing	A ddween	C4	est Address	

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



15 MAY 19 AM 7: 49 Muslim Social Services of South Florida, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N11000004287 (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: 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: . Florida (Zip Code) (City) 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.

Page 1 of 4

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)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove			
2) Change Add			
Remove 3) Change Add			
Remove 4) Change Add		_	
Remove  5) Change  Add			
Remove 6) Change Add Remove			

E.	If amending or adding additional Art	<u>icles, enter change(s) here</u> :
	(attach additional sheets, if necessary).	

TL -	. d. t f sh. amandman(a) adam	May 15, 2015	, if other than th
	e date of each amendment(s) ador e this document was signed.	nion:	DIVIETEM DE COORDO VICTOR
Effe	ective date <u>if applicable</u> :		The result of the street of th
		(no more than 90 days after amendment file date)	15 MAY 19 AM 7: 49
	e: If the date inserted in this block ument's effective date on the Department.	does not meet the applicable statutory filing requirement trment of State's records.	s, this date will not be listed as the
Add	option of Amendment(s)	( <u>CHECK ONE</u> )	
8	The amendment(s) was/were adop was/were sufficient for approval.	oted by the members and the number of votes cast for the	amendment(s)
	There are no members or member adopted by the board of directors	s entitled to vote on the amendment(s). The amendment(	(s) was/were
		5/15	
		ina Alag	
	have not been	an or vice chairman of the board, president or other office selected, by an incorporator – if in the hands of a receive pointed fiduciary by that fiduciary)	er-if directors er, trustee, or
	Amena Ha	q	
	<del></del>	(Typed or printed name of person signing)	
	Presid	ent	<u></u>
		(Title of person signing)	