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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATI	Sanad Trust Founda	tion, Inc.		
	N11000006585			
DOCUMENT NUMBER:				
The enclosed Articles of Ar	nendment and fee are sub	mitted for filing.		
Please return all correspond	lence concerning this matt	ter to the following:		
Attiqa Syeda				
		(Name of Contact P	erson)	
Sanad Trust Foundation, In	c.			
		(Firm/ Compan	y)	
P.O.Box 77-1273				
		(Address)		<del>-</del>
Miami. FL 33177				
		(City/ State and Zip	Code)	
attiqa@sanadtrust.org				
	E-mail address: (to be used	d for future annual re	port notification	n)
For further information con	cerning this matter, please	e call:		
Attiqa Syeda		at	786	368-9873
	(Name of Contact Persor		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the	following amount made p	ayable to the Florida	Department of	State:
☐ \$35 Filing Fee	□S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Certifi is Certifi	O Filing Fee icate of Status ied Copy tional Copy is osed)
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Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

Sanad Trust Foundation, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N11000006585 (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: NA 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. NΑ B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: NA (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) 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

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 Do Mike Jo Sally Sn	<u>nes</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
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× Remove				
2) Change Add		-		
Remove 3) Remove Add Remove		-		
4) Change Add		_		
Remove				
5) Change Add		_		
Remove				<del></del>
6) Change Add		-		
Remove				
E. If amending or additional sheet	ng addition ets, if nece	onal Arti essary).	cles, enter change(s) here: (Be specific)	
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The date of each amendment(s) a	doption: March 1st, 2024			if other	tha
date this document was signed.				,	
NI A					
Effective date if applicable:					
	(no more than 90 d	ays after amendme	nt file date)		
Note: If the date inserted in this blo document's effective date on the Do	ock does not meet the applepartment of State's record	icable statutory fili ls.	ng requirements, thi	is date will not be listed as	s th
Adoption of Amendment(s)	( <u>CHECK ONE</u> )				

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were
adopted by the board of directors.
April 1, 2024
Dated
Signature (S)
(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)
Schall Kothari SONA'L KOTHARIL
(Typed or printed name of person signing)
Board Chairman
(Title of person signing)