N13000005051

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	Isiness Entity Nan	ne)
(Do	ocument Number)	
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DIVISION OF COMPACTIONS

SEP 1 4 2016

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COVER LETTER

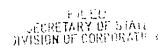
TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	TUTE OF FLORIDA INC	
N13000005051		
The enclosed Articles of Amendment and fee are su	bmitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	
OSAMA S KAYALI		
	(Name of Contact Perso	n)
KAYALI & CO., P.A.		
	(Firm/ Company)	
13250 N 56TH ST. STE 102		
	(Address)	
TAMPA, FL 33617		
	(City/ State and Zip Cod	e)
INFO@CPAOSK.COM		
E-mail address: (to be us	ed for future annual report	notification)
For further information concerning this matter, pleas	ee call:	
OSAMA S KAYALI, CPA		3-899-9642
(Name of Contact Perso		rea Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made [payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	\$\$\subset\$	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section	· · · · · · · · · · · · · · · · · · ·	Address

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

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



2016 SEP -6 PM 1:58

TAJWEED INSTITUTE OF FLORIDA INC

(Name of Corporation as	currently filed with the Flo	orida Dept. of State)
N13000005051		
(Document	t Number of Corporation (if	known)
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not F	For Profit Corporation adopts the following
A. If amending name, enter the new name of the co	rporation:	
TAJWEED INSTITUTE INC		The new
name must be distinguishable and contain the word "c "Company" or "Co." may not be used in the name	orparation" or "incorporat	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u>X</u>)	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		a, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·	Florida street address)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regil hereby accept the appointment as registered agent. If		of the obligations of the position.
	Signature of New Regi.	stered 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)	<u>Title</u>	Name	Address
1) Change		_	
Add			
Remove			
2) Change			
Add			
Remove			
3) Change		<u>-</u>	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Remove			
δ) Change			
Add			

ttach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	
	
=::	
	

	date of each amendment(s) a	doption:	if other than the
date	this document was signed.		NVISION OF CORPURATION
Effe	ective date <u>if applicable</u> :		2018 SEP - 6 PM 1:58
		(no more than 90 days after amendment file date)	ENIN SEL TO THE FOO
	e: If the date inserted in this bloument's effective date on the Do	ock does not meet the applicable statutory filing requirements, partment of State's records.	this date will not be listed as the
Ada	option of Amendment(s)	(<u>CHECK ONE</u>)	
	The amendment(s) was/were a was/were sufficient for approv	dopted by the members and the number of votes cast for the an al.	nendment(s)
	There are no members or mem adopted by the board of direct	bers entitled to vote on the amendment(s). The amendment(s) ors.	was/were
	Dated 8/22/2016		
	Signature		<u></u>
	have not be	rman or vice chairman of the board, president or other officer- en selected, by an incorporator – if in the hands of a receiver, a ppointed fiduciary by that fiduciary)	
	RAED	AL ROSAN	
		(Typed or printed name of person signing)	
	PRESIC	DENT	
		(Title of person signing)	