

N14000008786

(Requestor's Name)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 FEB 23 AM 9:49

C.L.
2-25-15



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 4, 2015

FATIMA SADIQUE / LANTERN OF ZAHRA INC.
10425 AUTUMN PLACE DR APT 103
TAMPA, FL 33637 US

SUBJECT: LANTERN OF ZAHRA INC.
Ref. Number: N14000008786

We have received your document for LANTERN OF ZAHRA 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):

You cannot file an amendment and new articles of incorporation. Your original articles stay the same. You can amend the articles. But you will need to add everything you need to amend to the articles of amendment. We do not file your bylaws. You keep them for your records. Please amend your document accordingly.

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.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 415A00002316

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Lantern of Zahra Inc

DOCUMENT NUMBER: N14000008786

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

Please return all correspondence concerning this matter to the following:

Fatima Sadique

(Name of Contact Person)

Lantern of Zahra Inc.

(Firm/ Company)

10425 Autumn Place Dr. Apt 103

(Address)

Tampa, FL 33637

(City/ State and Zip Code)

lanternofzahra@gmail.com

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

For further information concerning this matter, please call:

Fatima Sadique

(Name of Contact Person)

813

574-9967

at ()

(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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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Lantern of Zahra Inc.

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

N14000008786

(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:

_____ 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)

Lantern of Zahra Inc.
P.O.Box 290755
Tampa, FL 33687


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: Fatima Sadique
10425 Autumn Place Dr. Apt 103
(Florida street address)

New Registered Office Address:
Tampa, Florida 33637
(City) (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 PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

| Type of Action (Check One) | Title | Name | Address |
|------------------------------------------------------------------------------------------------------------------|-------------------|----------------------------|---------------------------------------------------------------------------------|
| 1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove | <u>VP</u> | <u>Hassan R. Syed</u> | <u>8311 Canterbury Lake Blvd</u> <u>Tampa, FL 33619</u> |
| 2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | <u>VP</u> | <u>Muhammad A. Sadique</u> | <u>3512 Jefferson Commons</u> <u>Drive Apt 301</u> <u>Tampa, FL 33613</u> |
| 3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove | <u>AVP</u> | <u>Muhammad A. Sadique</u> | <u>3512 Jeferson Commons</u> <u>Drive Apt 301</u> <u>Tampa, FL 33613</u> |
| 4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | <u>PTS</u> | <u>Fatima Sadique</u> | <u>10425 Autumn Place Dr.</u> <u>Apt 103</u> <u>Tampa, FL 33637</u> |
| 5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | <u>C</u> | <u>Bertha Baig</u> | <u>10424 Autumn Place Dr</u> <u>Apt 103</u> <u>Tampa, FL 33637</u> |
| 6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove | <u> </u> | <u> </u> | <u> </u> <u> </u> <u> </u> |

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

[illegible]

The date of each amendment(s) adoption: 12/31/2014
date this document was signed.


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Effective date if applicable: _____
(no more than 90 days after amendment file date) **15 FEB 23 AM 9:49**

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 12/31/2014

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)

Fatima Sadique
(Typed or printed name of person signing)

President
(Title of person signing)