

N16 000001495

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

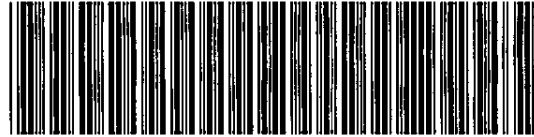
(Document Number)

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Samir Halabir 11/23/16  
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DIVISION OF CORPORATIONS  
2016 NOV 22 PM 3:53

NOV 23 2016

C LEWIS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 22, 2016

WORLD HUMANITARIAN ACADEMY  
PO BOX 601874  
MIAMI, FL 33160

SUBJECT: ETIMOS FOUNDATION COMMUNITY OUTREACH, INC  
Ref. Number: N16000001495

We have received your document for ETIMOS FOUNDATION COMMUNITY OUTREACH, INC and your check(s) totaling \$53.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

YOU FAILED TO ATTACH PAGE 4 OF 4

The attached form must be completed in order to file the document.

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.

Cathy A Carrothers  
Regulatory Specialist

Letter Number: 816A00025085

Articles of Amendment  
to  
Articles of Incorporation  
of

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DIVISION OF CORPORATION

2016 NOV 22 PM 3:53

A charitable organization dedicated it work to Worldwide communities as well as Human rights activities

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

ETIMOS FOUNDATION COMMUNITY OUTREACH, INC. Document Number : N16000001495

(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:**

WORLD HUMANITARIAN ACADEMY, INC

*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)

P. O. Box 601874- Miami, Florida 33160

**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:

2124 NE 123rd St.

(Florida street address)

New Registered Office Address:

Miami

(City)

Florida

(Zip Code)

33181

**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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>Treasure</u>	<u>Samir Halabi</u>	<u>Miami , FL 33162</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VP/CW</u>	<u>Edlira Zeka</u>	<u>P. O. Box 601874</u> <u>Miami, Florida 33160</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>Director</u>	<u>Rozana Kollcaku</u>	<u>P. O. Box 601874</u> <u>Miami, Florida 33160</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>Director</u>	<u>Andi Aspar Didi</u>	<u>P. O. Box 601874</u> <u>Miami, Florida 33160</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u></u>	<u></u>	<u></u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u></u>	<u></u>	<u></u>

**E. If amending or adding additional Articles, enter change(s) here:**

*(attach additional sheets, if necessary). (Be specific)*

Add

FEI- 81-1498747

The date of each amendment(s) adoption: \_\_\_\_\_ if other than the date this document was signed.

11/14/2016

SECRETARY OF STATE  
DIVISION OF CORPORATION

Effective date if applicable: \_\_\_\_\_

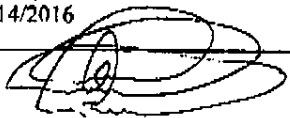
(no more than 90 days after amendment file date)

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**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 11/14/2016 \_\_\_\_\_  


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)

Samir Halabi

\_\_\_\_\_  
(Typed or printed name of person signing)

President / Treasure

\_\_\_\_\_  
(Title of person signing)