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C. CARROTHERS

COVER LETTER

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TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Islamic Society of	Lake County, Inc.	
DOCUMENT NUM	MUGOOGOOGG		
The enclosed Articles	of Amendment and fee are sul	omitted for filing.	
Please return all corre	spondence concerning this mat	ter to the following:	
	Nurudeen Olambiwonnu		
		Name of Contact Person	1
	Islamic Society of Lake Coun	ty, Inc.	
		Firm/ Company	
	826 E. Dixie Avenue		
		Address	
	Leesburg, FL 34748		
		City/ State and Zip Code	2
islam	nicsocietyoflakecounty@yahoo	.com	
	E-mail address: (to be use	ed for future annual report	notification)
	•		
For further informatio	n concerning this matter, please	e call:	
Nurudeen Olambiwoi	ากน	at (<u>626</u>	862-2405
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	or the following amount made p	ayable to the Florida Depa	rtment 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

Islamic Society of Lake County, Florida, Inc.

(<u>Name</u> (<u>Name</u> (of Corporation as curren	atly filed with the Florida De	pt. of State)	
	(Document Number	of Corporation (if known)	> 0	
Pursuant to the provisions of section 607.	1006, Florida Statutes, thi	s Florida Profit Corporation	adopts the following amendmen	 1t(5
its Articles of Incorporation:			Y 20	i i
A. If amending name, enter the new na	me of the corporation:		The carw	1
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	"Co". A professional corpo	porated" or the abbreviation	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		826 E. Dixie Avenue		
		Leesburg, FL 34748		
C. Enter new mailing address, if appli		826 E. Dixie Avenue		
<u> </u>		Leesburg, FL 34748		
D. If amending the registered agent an new registered agent and/or the new	d/or registered office ado v registered office addre	dress in Florida, enter the na	ıme of the	
Name of New Registered Agent	Ghazala Asghar	·		
	826 E. Dixie Avenue			
	·	treet address)		
New Registered Office Address:	Leesburg	(Cit.)	_, Florida	
		(City)	(Zip Code)	
New Registered Agent's Signature, if cl I hereby accept the appointment as regist			ns 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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	Pres	Nurudeen Olambiwonnu	826 E. Dixie Avenue
X Add			Leesburg, FL 34748
Remove			
2) Change	Secy	Ghazala Asghar	826 E. Dixie Avenue
× Add			Leesburg, FL 34748
Remove			
3)Change			
Add			
Remove			
4) Change	·		
Add			
Remove			
5)Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)		
The Board of Directors will do all in its power to prevent dissolution. If inevitable, the Board of Directors will distribute all		
assets to other Islamic Centers in the State of Florida.		
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:		
(if not applicable, indicate N/A)		

The date of each date this documer		, if other than the
•	May 11, 2016	
Effective date <u>if</u>	applicable: (no more than 90 days after amendment file date)	
	inscrted in this block does not meet the applicable statutory filing requirements, this dative date on the Department of State's records.	te will not be listed as the
Adoption of Am	endment(s) (<u>CHECK ONE</u>)	
	nt(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) olders was/were sufficient for approval.)
	nt(s) was/were approved by the shareholders through voting groups. The following stateme ately provided for each voting group entitled to vote separately on the amendment(s):	ent
"The nu	mber of votes cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendme action was not	nt(s) was/were adopted by the board of directors without shareholder action and shareholde required.	r
The amendme action was not	nt(s) was/were adopted by the incorporators without shareholder action and shareholder required.	
	Dated	
	Signature	
	(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	:
	Ghazala Asghar	
	(Typed or printed name of person signing) Secretary (Title of person signing)	