## 

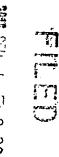
| (Requestor's Name)                      |                   |             |  |  |
|---|-------------------|-------------|--|--|
| (Ad                                     | dress)            |             |  |  |
| (Ad                                     | dress)            |             |  |  |
| . (Cit                                  | y/State/Zip/Phone | e #)        |  |  |
| PICK-UP                                 | ☐ WAIT            | MAIL        |  |  |
| (Bu                                     | siness Entity Nan | ne)         |  |  |
| (Do                                     | cument Number)    |             |  |  |
| Certified Copies                        | _ Certificates    | s of Status |  |  |
| Special Instructions to Filing Officer: |                   |             |  |  |
|   |                   |             |  |  |
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|   |                   |             |  |  |

Office Use Only



200289176392

09/06/16--01003--028 \*\*\$2.50





## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPOR   | ATION: Islamic Society of                    | Lake County Florida, Inc.   |   |  |  |
|--|--|---|---|--|--|
| DOCUMENT NUME  | N16000002766                                 |   |   |  |  |
| The enclosed Articles  | of Amendment and fee are su                  | ibmitted for filing.  |   |  |  |
| Please return all corres   | pondence concerning this ma                  | tter to the following:  |   |  |  |
|  | Nurudeen Olambiwonnu                         |   |   |  |  |
| -  |  | Name of Contact Person  |   |  |  |
|  | Islamic Society of Lake County Florida, Inc. |   |   |  |  |
|  |  | Firm/ Company   |   |  |  |
|  | 826 East Dixie Avenue                        |   |   |  |  |
| -  |  | Address   |   |  |  |
|  | Leesburg, Florida 34748                      |   |   |  |  |
| -  |  | City/ State and Zip Code  |   |  |  |
| ialami   | csocietyoflakecounty@yahoo                   |   |   |  |  |
|  |  | sed for future annual report i  | notification)   |  |  |
|  | D man address. (to be a                      | sea for future aimual report i  | offication)   |  |  |
| For further information  | concerning this matter, please               | se call:  |   |  |  |
| Nurudeen Olambiwon   | nu   | at ( 626  | 862-2405  |  |  |
| Name of Contact Person   |  | Area Coo  | _)<br>le & Daytime Telephone Number   |  |  |
| Enclosed is a check for  | the following amount made                    | payable to the Florida Depar  | rtment of State:  |  |  |
| □ \$35 Filing Fee  | □\$43.75 Filing Fee & Certificate of Status  | □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)                                      | S52.50 Filing Fee — Cut: 116 A 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.

| (Name of Cornorati   | ion as currently f    | iled with the Florida Dep   | t_of State)        |  |
|--|-----------------------|-----------------------------|--------------------|--|
| N16000002766   | ion as carrently t    | ned with the Fiorida Dep    | <u>01 04460</u> )  |  |
| (Docur   | ment Number of C      | orporation (if known)       |                    |  |
| Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:  | la Statutes, this Flo | orida Profit Corporation a  | dopts the followi  | ng amendment(s) t  |
| A. If amending name, enter the new name of the co  | orporation:           |                             |                    |  |
|  |                       |                             |                    | The new  |
| name must be distinguishable and contain the woi<br>"Corp.," "Inc.," or Co.," or the designation "Corp<br>word "chartered," "professional association," or the | o," "Inc," or "Co     | ". A professional corpor    |                    |  |
| B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD)  |                       |                             |                    |  |
|  |                       |                             |                    |  |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO  | <u>2X</u> )           |                             |                    |  |
|  | _                     |                             |                    |  |
|  |                       |                             |                    |  |
| D. If amending the registered agent and/or registenew registered agent and/or the new registered   |                       | s in Florida, enter the nar | ne of the          |  |
|  | office address.       |                             | •                  |  |
| Name of New Registered Agent   |                       |                             |                    | _  |
|  | (Florida street       | address)                    |                    | _  |
| New Registered Office Address:   |                       |                             | . Florida          |  |
|  | (C                    | ity)                        |                    | Code)  |
|  |                       |                             |                    |  |
| New Registered Agent's Signature, if changing Regit hereby accept the appointment as registered agent.   |                       | h and accept the obligation | s of the position  | - The state of the |
| no co, accept the appointment as registered agent.   | r am jamusur Wit      | n ana accept the obligation | I Composition to a | E 4 Table  |
|  |                       |                             | τ .                | 1 77   |
|  |                       |                             |                    |  |
| Sigr   | nature of New Reg     | istered Agent, if changing  | rain na            | l  |

## 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:                   | , and Sal    | ly Smith, I | SV as an Add. |                 |
|----------------------------|--------------|-------------|---------------|-----------------|
| X Change                   | <u>PT</u>    | John Do     | <u>oe</u>     |                 |
| X Remove                   | <u>v</u>     | Mike Jo     | nes           |                 |
| X Add                      | <u>sv</u>    | Sally Sn    | <u>nith</u>   |                 |
| Type of Action (Check One) | <u>Title</u> |             | Name          | <u>Addres</u> s |
| 1) Change                  |              |             |               |                 |
| Add                        |              |             |               |                 |
| Remove                     |              |             |               |                 |
| 2) Change                  |              |             |               |                 |
| Add                        |              | <del></del> |               |                 |
| Remove                     |              |             |               |                 |
| 3) Change                  |              |             |               |                 |
| Add                        |              |             |               |                 |
| Remove                     |              |             |               |                 |
|                            |              |             |               |                 |
| 4) Change                  |              | _           |               |                 |
| Add                        |              |             |               |                 |
| Remove                     |              |             |               |                 |
| 5) Change                  |              | _           |               |                 |
| Add                        |              |             |               |                 |
| Remove                     |              |             |               |                 |
|                            |              |             |               |                 |
| 6) Change                  |              | _           |               |                 |
| Add                        |              |             |               |                 |
| Domous                     |              |             |               |                 |

| E. If amending or adding additional Articles, enter change(s) here:  (Attach additional sheets, if necessary). (Be specific)  |
|---|
| ARTICLE III is hereby Ameded as follows:  |
| 1. The Islamic Society of Lake County Florida, Inc. is organized exclusively for charitable, religious, educational, and  |
| scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt  |
| organizations described under Section 501 (c) (3) of the Internal Revenue Code, or corresponding section of any future  |
| federal tax code. Upon the Dissolution of the organization, assets shall be distributed for 1 or more exempt purposes   |
| within the meaning of Section 501 (c) (3) of the Internal Revenue Code, or corresponding section of any future federal tax  |
| code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such  |
| assets not disposed of shall be disposed of by a court of competent jurisdiction in the county in which the principal office of   |
| the organization is then located, exclusively for such purposes or to such organization or organizations, as said Court shall   |
| determine, which are organized and operated exclusively for such purposes.  |
| 2. The Islamic Society of Lake County shall not endorse any candidate for political office.   |
|   |
|   |
|   |
|   |
|   |
| 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) |
|   |
|   |
|   |
|   |
|   |
|   |

|   | August 29, 2016         |   |  |
|---|-------------------------|---|--|
| The date of each amendment(s) adoption: date this document was signed.                    |                         |   | , if other than th                       |
| August 29, 20   | 116                     |   |  |
| Effective date <u>if applicable</u> :   | (no more than 90        | days after amendment file do  | ite)                                     |
| Note: If the date inserted in this block does document's effective date on the Department |                         | able statutory filing requirement                                     | ents, this date will not be listed as th |
| Adoption of Amendment(s)  | CHECK ONE)              |   |  |
| The amendment(s) was/were adopted by the shareholders was/were sufficient for             |                         | number of votes cast for the a  | mendment(s)                              |
| ☐ The amendment(s) was/were approved by must be separately provided for each vote         |                         |   |  |
| "The number of votes cast for the an  | nendment(s) was/were    | e sufficient for approval   |  |
| by  | voting group)           |   |  |
| (   | voting group)           |   |  |
| ☐ The amendment(s) was/were adopted by the action was not required.                       | he board of directors   | without shareholder action and  | l shareholder                            |
| ☐ The amendment(s) was/were adopted by the action was not required.                       | he incorporators withou | out shareholder action and sha  | reholder                                 |
| Dated 08 - 2  | 9.2016                  | <del>,</del>  |  |
| Signature   | »-Con                   | ٠٦ ٦.   |  |
| (By a director, preselected, by an in   |                         | er – if directors or officers har<br>hands of a receiver, trustee, of |  |
| na  | 12UDEEN                 | O L AM 310000   | <i>ه</i> د                               |
|   |                         | name of person signing)   |  |
|   | Pe                      | LESI DENT   |  |
|   | (Title o                | of person signing)  |  |