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COVER LETTER

TO: Amendment Section Division of Corporations

JAFRI BEGUM EDUNAME OF CORPORATION:	CATIONAL AND SOCIAL WELFARE SOCIETY, INC
N17000006686	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are subn	nitted for filing.
Please return all correspondence concerning this matte	r to the following:
HADI A SAFAVI	
	(Name of Contact Person)
JAFRI BEGUM EDUCATIONAL AND SOCIAL W	ELFARE SOCIETY, INC
	(Firm/ Company)
825129 STERLING MANOR DR.	
-	(Address)
TAMPA, FL 33647	
	(City/ State and Zip Code)
hsafavi08@gmail.com	
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please	call:
HADI A SAFAVI	813 979-1645
(Name of Contact Person	
Enclosed is a check for the following amount made page.	yable to the Florida Department of State:
□ \$35 Filing Fee ■\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is Enclosed)
Mailing Address Amendment Section Division of Corporations	Street Address Amendment Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

Clitton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

JAFRI BEGUM EDUCATIONAL AND SOCIAL WELFARE SOCIETY, INC.

(Name of Corporation as current	iv med with the Florida Dept. 01 State)
N17000006686	
(Document Number	er of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporati	on:
JOFFREY	' BENEVOLENT SOCIETY, INC
name must be distinguishable and contain the word "corporat "Company" or "Co." may not be used in the name.	ion" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	DI CI -2
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a	
Name of New Registered Agent.	
New Registered Office Address:	(Florida street address)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am far	
	gnature of New Registered Agent, if changing
۱۰.	gradure of SCF registered Agent, if changing
	L.

Page 1 of 4

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	PT V SV	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1)Change			
Add Remove			
2) Change			
Add		4)	
3) Change Add			
Remove			
4) Change Add			
Remove			
5) Change		- /	
Remove			
6) Change			
Add Remove			

amending or adding additional tuch additional sheets, if necessar	ry). (Be specific)	
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The date of each amendment(s) adoption: 09 21 20 8 if other than the date this document was signed.
Effective date if applicable: (no more than 90 days after amendment file date)
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 east 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 $09/21/2018$
Signature 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)
HADEA. SAFAVI
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)