

N 1800000 3442

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

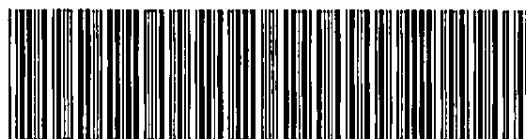
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2019 MAY 13 AM 11:22

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C. GOLDEN

MAY 14 2019

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: BILAL IBN RABAH ISLAMIC CENTER, INC

DOCUMENT NUMBER: N18000003442

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

Please return all correspondence concerning this matter to the following:

LUQMAN ABDUSH-SHAHID  
(Name of Contact Person)

BILAL IBN RABAH ISLAMIC CENTER, INC  
(Firm/ Company)

4630 S. KIRKMAN Rd #301  
(Address)

ORLANDO, FL 32811-2833  
(City/ State and Zip Code)

imamlugman@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call: (347) 581-0898

LUQMAN ABDUSH-SHAHID at (347) 581-0898  
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

NOTE: ☒ \$35 Filing Fee  
PREVIOUSLY PAID

☐ \$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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 16, 2019

LUQMAN ABDUSH-SHAHID  
4630 S KIRKMAN ROAD  
ORLANDO, FL 32811-2833

SUBJECT: BILAL IBN RABAH ISLAMIC CENTER INC  
Ref. Number: N18000003442

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

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.

Claretha Golden  
Regulatory Specialist II

Letter Number: 519A00007727

RECEIVED  
2019 MAY 13 PM 2:54  
CLARETHA GOLDEN

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED  
2019 MAY 13 AM 11:22

BILAL IBN RABAH ISLAMIC CENTER, INC

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

N18000003442

(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)

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:

4630 S. KIRKMAN RD #301

(Florida street address)

New Registered Office Address:

ORLANDO

(City)

Florida 32811-2833

(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:

<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 checked="" type="checkbox"/> Change	<u>P</u>	<u>LUGMAN ABDUSH-SHAHID</u>	<u>12041 CARDINAL FLOWER DR RIVERVIEW, FL 33579-4113</u>
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
2) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

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

AMEND ARTICLE III :

TO ESTABLISH A HOLISTIC COMMUNITY BASED  
RESOURCE CENTER PROVIDING SERVICES OF  
DRUG REHABILITATION, CRIME PREVENTION,  
HALFWAY HOUSING, ELDERLY AND YOUTH  
PROGRAMS, MEDICAL AND MENTAL HEALTH,  
SOCIAL SERVICES, INDIVIDUAL AND FAMILY  
COUNSELING, LITERACY PROGRAMS, AND  
HOMELESSNESS OUTREACH

The date of each amendment(s) adoption: 04/09/2019, if other than the date this document was signed.

Effective date if applicable: 04/09/2019  
(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 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 04/09/2019

Signature Luqman Atsduh-Shahid  
(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)

LUQMAN ATSDUSH-SHAHID  
(Typed or printed name of person signing)

PRESENT  
(Title of person signing)