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(Re	questor's Name)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NORTH FLORIDA NAME OF CORPORATION:	COMMUNITY CLUB.	INC.		
N19000002609 DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are sub-				
Please return all correspondence concerning this matte	er to the following:			
TAUSEEF AJAZI				
	(Name of Contact Person	n)		
	(Firm/ Company)			
P.O. BOX 8149				
	(Address)			
FLEMING ISLAND, FL 32006				
	(City/ State and Zip Cod	c)		
nfcc0319@gmail.com				
E-mail address: (to be used	for future annual report	notification	1)	
For further information concerning this matter, please	call:			
TAUSEEF AJAZI	60 at	7	731-9391	
(Name of Contact Person		rea Code)	(Daytime Telephone Number)	
Enclosed is a check for the following amount made po	yable to the Florida Dep	artment of	State:	
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status		Certifi Certifi	O Filing Fee icate of Status ied Copy tional Copy is used)	
Mailing Address Amendment Section		Address Iment Secti	ion	
Division of Corporations		on of Corpe		

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

NORTH FLORIDA COMMUNITY CLUB, INC.			
(Name of Corporation as currently filed with the Florida	a Dept. of State)	7373	17 , 10 20
N19000002609			
(Document Nur	nber of Corporation	(if known)	
Pursuant to the provisions of section 617,1006, Florida Stat amendment(s) to its Articles of Incorporation:	utes, this <i>Florida No</i>	ot For Profit Corp	poration adopts the following
A. If amending name, enter the new name of the corpor	ration:		
Not Applicable			The new
name must be distinguishable and contain the word "corpo "Company" or "Co." may not be used in the name.	ration" or "incorpor	rated" or the abb	
B. Enter new principal office address, if applicable:	Not Applicable		
(Principal office address MUST BE A STREET ADDRES	<u>(S</u>)		
		<u> </u>	
C. Enter new mailing address, if applicable:	Not Applicable		
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)			
	 	-	
D. If amending the registered agent and/or registered o	ffice address in Flo	rida, enter the n	ame of the
new registered agent and/or the new registered office			
Name of New Registered Agent: Not Ap	plicable		
		(Florida street add	ress)
<u>New Registered Office Address:</u>			
			, Florida
	(City)		(Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	ed Agent:	on out the cabliantic	
i nereo, accept the appointment as registerea agent. Tam	jaminar wun and ac	сері іне оппдано	us of the position.
	Signature of New Re	egistered Agent, i	f 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 X Remove X Add	PT John Do V Mike Jo SV Sally Sr	<u>nes</u>	
Type of Action (Check One)	<u>Titte</u>	Name	Address
1) Change Add	<u>D</u>	SAQIB AMJAD	32259 Saint Johns Forest Blvd. Saint Johns, FL 32259
Remove			
2) Change Add	<u>D</u>	SARMAD SUFI	87 Autumn Bliss Dr. St. Johns, FL 32259
Remove 3) Change × Add Remove	D	MUHAMMAD SHOAIB ZAHEER	5212 Glenlaurel Oaks Ct. Jacksonville, FL 32257
4) Change Add	<u>D</u>	TAIHR ALI	12816 Oxford Crossing Drive Jacksonville, FL 32224
Remove 5) Change	<u>D</u>	AAMIR HUSSAIN	12063 Wynnfield Lakes Circle Jacksonville, FL 32246
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	
ARTICLE IX - UPON D	ISSOLUTION, TI	HE REMAINING ASSETS SHALL BE USE	D EXCLUSIVELY FOR
SECTION 501(C)(3) EX			
	<u></u>	<u> </u>	

The date of each amendment(s) adoption:			
Iffective date if applicable: (no more than 90 days after amendment file date) Sote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the			
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	document's effective date on the Department of State's records.		,

The amendment(s) was/were adopted by the members and the number of votes east for the amendment(s) was/were sufficient for approval.

(CHECK ONE)

Adoption of Amendment(s)

	05/06/2020
Dated	
Signature	
(By the chattman 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)
	TAUSEEF AJAZI
	(Typed or printed name of person signing)
	TREASURER
	THE TOTAL THE TENTH OF THE TENT