N19000003257

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	TY ALUMNI ASSOCIATION OF FLORIDA INC.
N19000003257	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are subm	itted for filing.
Please return all correspondence concerning this matter	to the following:
OSMAN G CHOWDHURY	
(Name of Contact Person)
DHAKA UNIVERSITY ALUMNI ASSOCIATION O	F FLORIDA INC.
	(Firm/ Company)
10571 SANTA LAGUNA DRIVE	
	(Address)
BOCA RATON, FL 33428	
	(City/ State and Zip Code)
GREG@GGCPACO.COM	
	for future annual report notification)
For further information concerning this matter, please	call:
GREG K GONZALEZ	305 342-3760
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made pa	ayable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fee &	
Mailing Address Amendment Section Division of Corporations	Street Address Amendment Section Division of Corporations

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

DHAKA UNIVERSITY ALUMNI ASSOCIATION OF FLORIDA INC.

(Name of Corporation as currently filed with the Florida D	Dept. of State)	
N19000003257		
(Document Number	er of Corporation (if known)	
Pursuant to the provisions of section 617.1006. Florida Statute amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts the fo	llowing
A. If amending name, enter the new name of the corporat	tion:	
		he new
name must be distinguishable and contain the word "corporat" "Company" or "Co," may not be used in the name.	tion" or "incorporated" or the abbreviation "Corp." or	"Inc."
B. Enter new principal office address, if applicable:	10571 SANTA LAGUNA DRIVE	
(Principal office address MUST BE A STREET ADDRESS) BOCA RATON, FL 33428	-
		<i>ر</i> ے
G. D		020 MA
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	195. 1000	<u> </u>
	578 	i and
	1000	3
		٠.:
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office.	fice address in Florida, enter the name of the address:	
Name of New Registered Agent:		
	(Florida street address)	
New Registered Office Address:		
	(City) (Zip Code)	
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registere	ed Agent:	
Thereby accept the appointment as registered agent. I am f	familiar with and accept the oraigations 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 X Remove X Add	PT John De V Mike Je SV Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add	<u>t</u>	MOHAMMED S HUSSAIN	6272 LANSDOWNE CIRCLE BOYNTON BEACH, FL 33472
* Remove			
2) Change Add			
Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove	ding additional A	Page 2 of 4 rticles, enter change(s) here:	
(attach additional sh	neets, if nevessary)	, (Be specific)	
	<u> </u>		

				
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<u> </u>				
				
		Page 3 of 4		
The date of each amendment(s) actually this document was signed.	doption:			, if other than t
02/2	:5'2020			
Effective date <u>if applicable</u> :	tno more than 90 a	lays after amendme	nt file date)	
				date will not be listed as the

Note: If the date inserted in this block does not meet the applicable statutory tiling requirements, this date will not be fisted as in 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.

	02/25/2020
Dated	
Signatu	re
	(By the chairman or vice chairman of the board, president or other officer-if director
	have not been selected, by an incorporator - if in the hands of a receiver, trustee, or
	other court appointed fiduciary by that fiduciary)
	OSMAN G CHOWDHURY
	(Typed or printed name of person signing)
	f^{*}

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(Title of person signing)