N2200005018

(Requestor's Name)
(Nequestor's Name)
(Address)
(identity)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
J. HOPN-
J. HORNE MAY 1 1 2023
1 2023

Office Use Only



900403491529

- :

Z023 FEB 28 PM 3: 09
SECRETARY OF SHAD



COVER LETTER

TO: Amendment Section Division of Corporations

. .

NAME OF CORPORATION:			
N22000005018 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are sub	mitted for filing.		
Please return all correspondence concerning this matt	er to the following:		
Shoeb Malik			
	(Name of Contact Pe	erson)	- · · · · · · · · · · · · · · · · · · ·
Ameer Charities			
	(Firm/ Company	·)	.
2004 Bobtail Drive			
	(Address)		
Maitland FL 32751			
	(City/ State and Zip	Code)	
ameercharities@gmail.com			
E-mail address: (to be used	I for future annual rep	ort notification	1)
For further information concerning this matter, please	e call:		
Shoeb Malik	at	321	6951110
(Name of Contact Person		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made pa	ayable to the Florida l	Department of	State:
\$35 Filing Fee \$\Bigsiz \$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Certifi S Certifi	O Filing Fee icate of Status ied Copy tional Copy is esed)
Mailing Address Amendment Section		reet Address	

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

FILED ES

2023 FEB 28 PM 3: 08

SECRETARY OF SILE

Ameer Charities

(Name of Corporation as currently filed with the Florida	da Dept. of State)	MALLAHASSEE, FI
(Document Nu	umber of Corporation (if kn	
Pursuant to the provisions of section 617.1006, Florida Sta amendment(s) to its Articles of Incorporation:	atutes, this <i>Florida Not For</i>	Profit Corporation adopts the following
A. If amending name, enter the new name of the corpo	oration:	The mount
name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name.	oration" or "incorporated	" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	N/A	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi		enter the name of the
Name of New Registered Agent: N/A		
<u>New Registered Office Address:</u> N/A	(Flo	rida street address)
	(City)	Florida (Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I an		the obligations of the position.
	Signature of New Registe	red 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 Do V Mike Jo SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
Change Add	Director	Razia Malik	2004 Bobtail Drive Maitand FL 32751
x Remove			
2) Change Add			
x Remove 3) Change Add Remove	Director	Terri Malik	2004 Botail Drive Maitland, FL 32751
4) Change Add	Director	Elijiah Hoskins	4635 N Pine Hills Or Orlando, FC 32808
Remove 5) Change × Add	Director	Taylynn Robinson	3170 Consensation Place #3 Melsanne, H. 32934-8757
Remove 6) Change Add			
Remove			
E. If amending or additional sheet		icles, enter change(s) here: (Be specific)	
			· · · · · · · · · · · · · · · · · · ·
		•	

		
-	10-10-10-10-10-10-10-10-10-10-10-10-10-1	
		· · · · · · · · · · · · · · · · · · ·
		
		<u> </u>
		<u> </u>
		
	2/21/22	
The date of each amendment(s) adoptio date this document was signed.	n:	, if other than th
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
<u>Note:</u> If the date inserted in this block document's effective date on the Department	es not meet the applicable statutory filing requirements, this date ent of State's records.	will not be listed as the
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 2/21/23
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)
(Typed or printed name of person signing)
2 Apg mens
(Title of person signing)