N22000007207

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(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	ORIDA INC		<u> </u>			_
N22000007207						
DOCUMENT NUMBER:			<u> </u>	·		
The enclosed Articles of Amendment and fee are submitted	d for filing.					
Please return all correspondence concerning this matter to	the following:					
(Na	me of Contact Pers	son)				
SOFTBOOKS INC						
	(Firm/ Company)				<u> </u>	
5373 N NOB HILL RD			_			
	(Address)					
SUNRISE, FL 33351						
(Cil	ty/ State and Zip C	ode)				
INFO@SOFTBOOKSINC.COM						
E-mail address: (to be used for	r future annual repo	ort notification)			
For further information concerning this matter, please cal	l:					
RASHID AHMED	at _	954	874-6230	2.53	2023	
(Name of Contact Person)		(Area Code)	(Daytime Tele	phonelN	umber)	C 10 40
Enclosed is a check for the following amount made payal	ble to the Florida I	Department of S	State:		23	e example
■ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$ Certificate of Status		& □\$52.50 Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is		P# 4: 19	O

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



December 7, 2022

SOFTBOOKS INC 5373 N NOB HILL RD SUNRISE, FL 33351

SUBJECT: MAJLISUL ULAMA FLORIDA INC

Ref. Number: N22000007207

We have received your document for MAJLISUL ULAMA FLORIDA INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

You are missing the next to the last page of the application.

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.

Diane Cushing Senior Section Administrator

Letter Number: 322A00027174

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Florida Dept. of State)		
N22000007207		
(Document Number of Corporation (if known)		
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit</i> amendment(s) to its Articles of Incorporation:	Corporation adopts the fol	lowing
A. If amending name, enter the new name of the corporation:		
	<i></i>	he new
N/A name must be distinguishable and contain the word "corporation" or "incorporated" or the "Company" or "Co." may not be used in the name.	abbreviation "Corp." or	"Inc."
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)		
	20. S.	
	20 6	-:*5
D. If amending the registered agent and/or registered office address in Florida, enter-	the name of the	e #
new registered agent and/or the new registered office address:	23	, i
		3 - }
Name of New Registered Agent: NIA		~ (;≃
Name of New Registered Agent: NIA	11 Ta	_ = =
	eet address)	
		- " -
(Florida str		- "- - -

Signature of New Registered Agent, if changing

nd address of each O Attach additional shee Tease note the officer/ T = President; V = Vico Executive Officer; CFO eld, President, Treasu	officer and/or E ts, if necessary) director title by President: T= O = Chief Finan ver, Director w	Director being added: the first letter of the office title: Treasurer: S= Secretary; D= Director: TR= scial Officer. If an officer/director holds mor ould be PTD.	Ticer/director being removed and title, name, = Trustee; C = Chairman or Clerk; CEO = Chief re than one title, list the first letter of each office
Changes should be not change, Mike Jones I like Jones, V as Remo	eaves the corpo	ration, Sally Smith is named the v-ana 8. 1 n	the PST and Mike Jones is listed as the V. There ese should be noted as John Doe, PT as a Chango
Example: <u>X</u> Change <u>X</u> Remove <u>X</u> Add	<u>PT</u> <u>Jo</u> <u>V</u> <u>M</u>	hn Doe ike Jones illy Smith	
Type of Action Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
Change Add	<u>D</u>	ROSHAN GOOLSARRAN	2641 RHONE WAY MIRAMAR, FL 33025
Remove 2) Change Add			
Remove Change Add			
Remove 4) Change Add			
Remove 5) Change Add			
Remove 6) Change			
Add Remove			
E. If amending or a (attach additional	dding addition sheets, if necess	al Articles, enter change(s) here: sary). (Be specific)	
N/A			

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		ir ali — dana da a
The date of each amendment date this document was signed	t(s) adoption:	if other than the
Effective date if applicable:	12/07/2022	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	his block does not meet the applicable statutory filing requirements, this date whe Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/w was/were sufficient for ap	vere adopted by the members and the number of votes cast for the amendment	(s)

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