

N23000001891

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

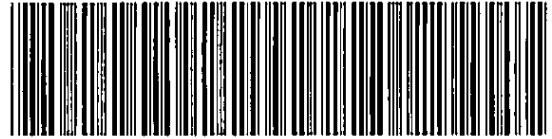
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/08/23--01018--002 **35.00

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2023 DEC -8 AM 11:47

SECRETARY OF STATE
TALLAHASSEE, FL

Amend

JAN 12 2024

D CUSHING

Dear Florida Department of State,

I am writing to formally acknowledge the submission of the Articles of Amendment for our nonprofit organization United 4 Relief registered with the State of Florida.

Enclosed with this letter, you will find the necessary documentation and fees as required for the amendment process. We have carefully reviewed and completed the forms, ensuring that all information is accurate and up to date.

We understand the importance of keeping our corporate records current and compliant with state regulations, and this amendment reflects the changes needed to align with our business operations and legal requirements.

Should you require any further information or have any questions regarding this submission, please do not hesitate to contact me at (202) 5092673 or via email at support@u4r.org. We are committed to cooperating fully to facilitate a smooth and efficient process.

We appreciate your prompt attention to this matter and thank you for your assistance in maintaining our corporate records accurately.

Sincerely,


President, Abdelhamid Shelleh

United 4 Relief

Nov 28, 2023

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: UNITED 4 RELIEF _____

DOCUMENT NUMBER: N23000001891 _____

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

Please return all correspondence concerning this matter to the following:

Ahmad el Charif _____
(Name of Contact Person)

UNITED 4 RELIEF _____
(Firm/ Company)

654 Caladesi trl _____
(Address)

Orlando _____
(City/ State and Zip Code)

support@u4r.org _____
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ahmad el Charif _____ at 2025092673 _____
(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:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED
2028 DEC -8 AM 11:47
SECRETARY OF STATE
TALLAHASSEE, FL

Articles of Amendment
to
Articles of Incorporation
of

UNITED 4 RELIEF

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

N23000001891

(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:

N/A *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)

654 Caladesi trl Orlando FL 32807

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

654 Caladesi trl Orlando FL 32807

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: N/A

654 Caladesi trail

New Registered Office Address:

(Florida street address)

Orlando, Florida 32807
(City) (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

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SECRETARY OF STATE
TALLAHASSEE, FL

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 type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>President</u>	<u>Abdelhamid Shelleh</u>	<u>10531 E Colonial Dr Orlando FL</u> <u>32817</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>Board Member</u>	<u>Muhammed Shelleh</u>	<u>10531 E Colonial Dr Orlando FL</u> <u>32817</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>Secretary</u>	<u>Mohammad Said Mniamneh</u>	<u>551 little river loop apt 212</u> <u>altamonte springs FL 32714</u>
4) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>President</u>	<u>Ahmad el Charif</u>	<u>654 Caladesi trail Orlando FL</u> <u>32807</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>Treasurer</u>	<u>Abdulkader Alkadry</u>	<u>3658 Econlockhatchee trail</u> <u>Orlando FL 32817</u>
6) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>Secretary</u>	<u>Farval Razack</u>	<u>2303 S French Ave Sanford FL</u> <u>3277</u>

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

- ☐ 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 Nov 28 2023 _____

Signature Abdel H. Shelleh
(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)

Abdelhamid Shelleh
(Typed or printed name of person signing)

President
(Title of person signing)