

## N24000005729

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| Certified Copies Certificates of Status |
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| Consideration to Filips Officer         |
| Special Instructions to Filing Officer: |
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10/03/24--01014--022 \*\*43.75

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

| NAME OF CORPORAT             | BOUBAKER FOUN                               | IDATION INC.  |                            |                    |  |
|------------------------------|---|---|----------------------------|--------------------|--|
| DOCUMENT NUMBER              | N24000005729                                |   |                            |                    |  |
|                              | mendment and fee are sub                    | mitted for filing.  |                            | _                  | •  |
| Please return all correspond | dence concerning this matte                 | er to the following   | ng:                        |                    |  |
|                              | Мо  | ohamed Boubake  | er .                       |                    |  |
|                              |   | (Name of Conta  | ct Person)                 |                    | <del></del>  |
|                              | BOUBAK                                      | ER FOUNDAT  | ION INC.                   |                    |  |
|                              |   | (Firm/ Con  | ірапу)                     |                    |  |
|                              | 219   | Nw 12th Ave A   | pt 1009                    |                    |  |
|                              |   | (Addre  | is)                        |                    |  |
|                              |   | Miami, FL 3312  | 8-2209 USA                 |                    |  |
|                              |   | (City/ State and  | Zip Code)                  |                    |  |
| mohamed_boubaker@iclo        | ud.com                                      |   |                            |                    |  |
|                              | E-mail address: (to be used                 | for future annu   | al report notific          | çation             |  |
| For further information cor  | ncerning this matter, please                | call:   |                            |                    |  |
| Mohamed Boubaker             |   |   | 305                        |                    | 495-7789   |
|                              | (Name of Contact Person                     | )   | (Area Co                   | ode)               | (Daytime Telephone Number)                           |
| Enclosed is a check for the  | following amount made pa                    | ayable to the Flo   | rida Departme              | nt of S            | State:   |
| S35 Filing Fee               | ■\$43.75 Filing Fee & Certificate of Status | S43.75 Filing<br>Certified Cop<br>(Additional or<br>enclosed) | y C<br>opy is C<br>(       | Certifi<br>Certifi | Filing Fee cate of Status ed Copy ional Copy is sed) |
| Mailing                      |   |   | Street Addr                |                    |  |
|                              | ent Section<br>of Corporations              |   | Amendment<br>Division of 0 |                    |  |

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## Articles of Amendment to Articles of Incorporation of

## BOUBAKER FOUNDATION INC.

| (Name of Corporation as currently filed with th   | e Florida               | Dept. of State)              |                               |  |
|---|-------------------------|------------------------------|-------------------------------|--|
| N240000   | 005729                  |                              |                               |  |
| (Docur  | nent Num                | ber of Corporation (if know  | wn)                           |  |
| Pursuant to the provisions of section 617.1006, Flo<br>amendment(s) to its Articles of Incorporation: | orida Statu             | ites, this Florida Not For I | Profit Corporation adopts th  | e following                                |
| A. If amending name, enter the new name of th   | е согрога               | ation:                       |                               |  |
| N/A   |                         |                              |                               | The new                                    |
| name must be distinguishable and contain the word<br>"Company" or "Co." may not be used in the nam    | d "corpor<br><u>e</u> . | ation" or "incorporated"     | or the abbreviation "Corp."   | or "Inc."                                  |
| B. Enter new principal office address, if applica   | ahle:                   | N/A                          |                               |  |
| (Principal office address MUST BE A STREET A  |                         | $\overline{\Sigma}$ )        |                               | -  |
|   |                         |                              | <del></del>                   | <del></del>                                |
|   |                         |                              | <u>.</u>                      | _ =  |
| C. B. a   |                         |                              | •                             |  |
| C. Enter new mailing address, if applicable:<br>(Mailing address MAY BE A POST OFFICE                 | BOX)                    | N/A                          |                               | ۱<br>پ                                     |
|   |                         |                              |                               |  |
|   |                         |                              | <del></del>                   | _ ==:                                      |
|   |                         |                              |                               | ب.<br>ــــــــــــــــــــــــــــــــــــ |
| D 76 11 11 11 11 11 11 11 11 11   |                         |                              |                               |  |
| D. If amending the registered agent and/or reginew registered agent and/or the new registered.        |                         |                              | iter the name of the          |  |
|   |                         | ed Boubaker                  |                               |  |
| Name of New Registered Agent:   |                         | 13.1 4 4 1000                |                               |  |
|   | 219 NW                  | 12th Ave Apt 1009            |                               |  |
| New Registered Office Address   | :                       | (Flori                       | da street address)            |  |
|   | Miami                   |                              | 33128                         |  |
|   |                         | (City)                       | , Florida <u> </u>            |  |
|   |                         | (Chy)                        | (zip coue)                    |  |
| New Registered Agent's Signature, if changing   |                         |                              |                               |  |
| I hereby accept the appointment as registered ager  | nt. Lam f               | amiliar with and accept the  | e obligations of the position | •  |
|   |                         | 10                           | _                             |  |
|   |                         | Signature of New Registere   | d 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 | <u>V</u> <u>N</u> | ohn Doe<br><u>1ike Jones</u><br>ally Smith             |  |
|------------------------------------|-------------------|--|--|
| Type of Action<br>(Check One)      | Title             | Name   | Address  |
| 1) Change<br>Add                   | SEC               | MAYORGA, JOSHUA C                                      | 2332 GALIANO ST. FLOOR 2<br>CORAL GABLES, FL 33134   |
| x Remove                           |                   |  |  |
| 2) Change Add                      | SEC               | SABRINE BOUBAKER                                       | 219 Nw 12th Ave Apt 1009<br>Miami, FL 33128-2209 USA |
| Remove 3) Change Add Remove        |                   |  |  |
| 4) Change Add                      |                   | -  |  |
| Remove                             |                   |  |  |
| 5) Change Add                      |                   | <del></del>  |  |
| Remove                             |                   |  |  |
| 6) Change Add                      |                   |  |  |
| Remove                             |                   |  |  |
| (attach additional shee            |                   | al Articles, enter change(s) here: ary). (Be specific) |  |
| N/A                                |                   | <del></del>  |  |
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| The date of each amendment(s) adoption: 100124   | _, if other than the |
| date and detailed was digited.   |                      |
| Effective date if applicable:  (no more than 90 days after amendment file date)  |                      |
| (no more than 90 days after amendment file date)   |                      |
| <u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not document's effective date on the Department of State's records. | 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 10 1 2024  Signature 1 10 1 2024   |
|   | (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) |
|   | Mohamed Boubaker   |
|   | (Typed or printed name of person signing)  |
|   | President  |

(Title of person signing)