

N43DDDD0003525

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:  
Kasali Kotun gave authorization  
by phone to update mailing  
address as well as add  
the address for Mulikat Kotun  
as Treasurer. *OC* 10/3

Office Use Only



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FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT - 3 2013  
T. CARTER

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: **AL MUHMIN ISLAMIC CENTER**

DOCUMENT NUMBER: **N93000003525**

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

Please return all correspondence concerning this matter to the following:

**Bro Kasali Kotun**

(Name of Contact Person)

**Al- Muhmin Islamic Center**

(Firm/ Company)

**P . O Box 691072**

(Address)

**Miami, Fl 33169**

(City/ State and Zip Code)

**Kasali@aifl.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Bro Kasali Kotun**

(Name of Contact Person)

at ( **786** ) **231-4414**

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>Enclosed) |
|---|--|---|--|

**Mailing Address**

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

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

13 SEP 18 PM 12:44

Al-Muhmin Islamic Center

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

N93000003525

(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:**

\_\_\_\_\_ *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)

**C. Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

2410 N.W. 93 Street  
Miami, Fl. 33147

**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: \_\_\_\_\_

(Florida street address)

New Registered Office Address:

\_\_\_\_\_, Florida \_\_\_\_\_  
(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*

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>Alh AbdulGaniu Ibrahim</u>	<u>9800sw 157ter</u> <u>Miami, fl, 33157</u>
2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T</u>	<u>Mrs Mulikat Kotun</u>	<u>3361 Kapot Terrace</u> <u>Miramar Fl.</u> <u>33025</u>
3) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>Mr Kasali Kotun</u>	<u>12112st Andrews Pl</u> <u>Unit 202, Miramar Fl</u> <u>33025</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>FS</u>	<u>Mrs Serifat Abdul Salam</u>	<u>21409NW 13th Ct</u> <u>Apt 505, Miami Garden</u> <u>Fl 33169</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>TT</u>	<u>Salvador, Rasaq</u>	<u>4221sw 21st</u> <u>Hollywood, Fl</u> <u>33023</u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>TFS</u>	<u>Malik Najeem</u>	<u>15996nw 12th ct</u> <u>Pembroke pines fl</u> <u>33028</u>



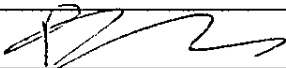
The date of each amendment(s) adoption: September 15 2013, if other than the date this document was signed.

Effective date if applicable: September 15 2013  
*(no more than 90 days after amendment file date)*

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 September 15 2013

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)

Dr Bolanle Basirat Okegbenro-Jimoh PharmD  
(Typed or printed name of person signing)

Assistant Secretary  
(Title of person signing)