

N980000006860

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

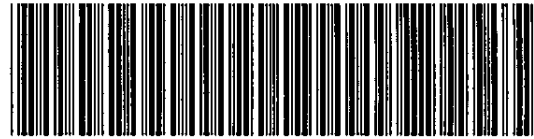
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Amend

04/23/14--01005--020 **43.75

FILED
2014 APR 23 PM 2:36
CLERK OF COURT
TALLAHASSEE, FLORIDA

DR
4/30/14

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: ISLAMIC CENTER OF GUNN HWY, INC.

DOCUMENT NUMBER: N98000006860

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

Please return all correspondence concerning this matter to the following:

QUAID M. NOOR

(Name of Contact Person)

ISLAMIC CENTER OF GUNN HWY, INC.

(Firm/ Company)

4119 GUNN HIGHWAY, UNIT # 27

(Address)

TAMPA, FL 33618-8797

(City/ State and Zip Code)

quaid.noor@gmail.com

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

For further information concerning this matter, please call:

QUAID M. NOOR

(Name of Contact Person)

at (813) 928-1823

(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 checked="" 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

ISLAMIC CENTER OF GUNN HWY, INC.

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

N98000006860

(Document Number of Corporation (if known))

FILED
2014 APR 23 PM 2:36
TALLAHASSEE, FLORIDA

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

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:

N/A

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	PT	John Doe
<input checked="" type="checkbox"/> Remove	V	Mike Jones
<input checked="" type="checkbox"/> Add	SV	Sally Smith

Type of Action
(Check One)

Title

Name

Address

1) ☐ Change

D

ASHRAF ADS

14765 SAN MARSALA CT

☒ Add

TAMPA, FL 33626

☐ Remove

2) ☐ Change

D

ABDELAZIZ MAZILI

12522 EAGLES ENTRY DR

☒ Add

ODESSA, FL 33556

☐ Remove

3) ☒ Change

TD

AMR EL GENDI

11051 SPRING RIDGE DR

☐ Add

TAMPA, FL 33624

☐ Remove

4) ☒ Change

D

HATEM EL GENDI

11812 E HAMPTON DR

☐ Add

TAMPA, FL 33626

☐ Remove

5) ☒ Change

D

YOUSUFF MOHAMMED

8142 TOM SAWYER DR

☐ Add

TAMPA, FL 33637

☐ Remove

6) ☐ Change

D

MALIK ANWAR

4949 MARBARISA DR

☒ Add

APT # 1112

☐ Remove

TAMPA, FL 33624

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.

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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 checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>NAQEEB AKHTAR KHAN</u>	<u>8766 KEY BISCAYNE DR</u> <u>UNIT # 108</u> <u>TAMPA, FL 33614</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>MOHAMMAD MUSEB IFTEKHAR</u>	<u>3514 ANGUILLA LOOP</u> <u>APT # 203</u> <u>TAMPA, FL 33614</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____

N/A

[illegible]

The date of each amendment(s) adoption: N/A, if other than the date this document was signed.

Effective date if applicable: N/A
(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 4/21/2014

Signature Q M Noor
(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)

QUAID M. NOOR
(Typed or printed name of person signing)

VICE PRESIDENT
(Title of person signing)