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SECRETARY OF STATE

C. LEWIS

AUG - 5 2013

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Albir Islam	nic Associa	tion, Inc.	
DOCUMENT NUMBER: N99000002	207		
The enclosed Articles of Amendment and fee are subm	nitted for filing.		
Please return all correspondence concerning this matter	to the following:		
Jamal A. Hassouneh			
	(Name of Contact Person	1)	
Albir Islamic Association, Inc.			
· (Firm/ Company)			
4870 Old Tampa Hwy			
	(Address)		
Kiss	immee, Fl.	34758	
	City/ State and Zip Cod	e)	
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Jamal A. Hassouneh	at (407	, 383-9169	
(Name of Contact Person)	(Area C	ode & Daytime Telephone Number)	
Enclosed is a check for the following amount made pay	able to the Florida Depa	artment of State:	
\$35 Filing Fee \$\Bigcup \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$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

FILED

Articles of Amendment to Articles of Incorporation

13 JUL 31 AH 10: 04

of
Albir Islamic Association, MCG-AHASSEE, FLORIDA

	Albir Isla	imic Association	1, MALE AHASSEE, FLORIDA
(Name of Corporation as curre			
	N99	9000000207	
(De	ocument Number of Co	orporation (if known)	
Pursuant to the provisions of section 61 amendment(s) to its Articles of Incorpor		es, this <i>Florida Not For P</i>	rofit Corporation adopts the following
A. If amending name, enter the new	name of the corporat	<u>ion:</u>	
N/A			The non
name must be distinguishable and conta		tion" or "incorporated" of	The nev 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 app		N/A	
(Mailing address <u>MAY BE A POST</u>	<u> OFFICE BOX</u>)		
			<u>.</u>
·			
 If amending the registered agent a new registered agent and/or the n 	<u>ind/or registered offi</u> ew registered office a	<u>ce address in Florida, en</u> iddress:	ter the name of the
lamal A. Haccour			
Name of New Registered Agen	ſ	ampa Hwy	
	4670 Old 1	(Florida street address)	
New Registered Office Address	<u>ss</u> :	Ti Torida Sireer duaressy	
	Kissimmee	!	Florida 34758
	(City)		(Zip Code)
New Registered Agent's Signature, if	changing Dagistaned	Agonte	
I hereby accept the appointment as regi	st <u>ened agent. I am f</u> a	<u>Agent:</u> miliar wit <u>h a</u> nd accept the	obligations of the position.
	lamat A.	Hasjoune	^
7		Registered Agent, if chan	ging
ν	•		

Page 1 of 4

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>Mi</u>	n Doe ke Jones ly Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
l) X Change	PD	Jamal A. Hassouneh	4870 Old Tampa Hwy
Add			Kissimmee, FL.
Remove			34758
2) Change	_D_	Nyrabeah Jaber	4870 Old Tampa Hwy
X Add		· · · ·	Kissimmee, FL.
Remove			34758
3) Change	_D_	Haj Hamdo Talal	4870 Old Tampa Hwy
X Add			Kissimmee, FL.
Remove			34758
4) Change	D	Imami Abdelkabir	4870 Old Tampa Hwy
X			Kissimmee, FL.
Remove			34758
5) Change	D	Maali Jamal	4870 Old Tampa Hwy
Add			Kissimmee, FL.
X Remove			34758
6) Change			
Add	· . 		
Remove			
			

attach additional sheets, if necessary).	(Be specific)			
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The date of each amendment(s) adoption:	FILED . if other than the
date this document was signed. Effective date if applicable: 7/23/13 (no more than 90 days after amendment file date)	13 JUL 31 AM 10: 04 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the members and the number of votes cast for the was/were sufficient for approval.	amendment(s)
There are no members or members entitled to vote on the amendment(s). The amendment adopted by the board of directors.	(s) was/were
Signature Jama A. Hayouheh By the chairman or vice chairman of the board, president or other office have not been selected, by an incorporator – if in the hands of a receive other court appointed fiduciary by that fiduciary)	
Jamal A Hassouneh	
(Typed or printed name of person signing)	
President	
(Title of person signing)	