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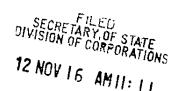
NOV 1 9 2012 T. ROBERTS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ISlamic S	Society of North Pinellas, Inc
DOCUMENT NUMBER: N990000	4258
The enclosed Articles of Amendment and fee are su	ubmitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Ezzuldien Elgayar	
	(Name of Contact Person)
Islamic Society of North	n Pinellas, Inc
•	(Firm/ Company)
P.O. Box 429	
	(Address)
Safety Harbor, Florida	34695
	(City/ State and Zip Code)
gayarbts@aol.co	
	sed for future annual report notification)
For further information concerning this matter, plea	
Ezz Elgayar	_{at} 813765-2651
(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:
\$35 Filing Fee \$43.75 Filing Fee Certificate of Statu	& \$\subseteq\$\$\$43.75 Filing Fee & \$\subseteq\$\$\$S2.50 Filing Fee Certificate of Status (Additional copy is enclosed) (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



Islamic Society of North Pinellas, Inc.

(Name of Corporation as current	y filed with the Flo	rida Dept. of State)		_
N99000004258				
(Documen	t Number of Corpora	ation (if known)		_
Pursuant to the provisions of section 617.1 amendment(s) to its Articles of Incorporat		es, this <i>Florida Not For Pl</i>	rofit Corporation adopts the	: following
A. If amending name, enter the new na	me of the corporati	on:		
				_The new
name must be distinguishable and contain "Company" or "Co." may not be used in		tion" or "incorporated" o	or the abbreviation "Corp."	or "Inc."
B. Enter new principal office address, if	f applicable:	1218 New York	k Avenue	
(Principal office address <u>MUST BE A ST</u>		Dunedin, Florid	da 34698	_
				_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		P.O. BOX 429		
		Safety Harbor,	Florida 34695	_
				_
D. If amending the registered agent an			ter the name of the	
new registered agent and/or the new	-			
Name of New Registered Agent:	Ezzuldien E			
	1218 New	York Avenue		
New Registered Office Address:		(Florida street address)		
	Dunedin,		, Florida <u>34698</u>	
	(City)		(Zip Code)	
New Registered Agent's Signature, if cl	nanging Registered	Agent:		
I hereby accept the appointment as regist			obligations of the position.	
		ALS .		
Sig	nature of New Regis	tered 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	PT John D V Mike Jo SV Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	<u>P</u>	Mosad Elewa	1218 New York Ave,
X Add			Dunedin, Florida
Remove			34698
2) Change	<u>VP</u>	Ali Elfaqir	1218 New York Ave,
X Add			Dunedin, Florida
Remove			34698
3) Change	<u>T</u>	Adam Ramsey	1218 New York Ave,
X Add			Dunedin, Florida
Remove			34698
4) Change	S	Ezzuldien Elgayar	1218 New York Ave,
X Add			Dunedin, Florida
Remove			34698
5) Change	С	Mohamed Elshaeir	1218 New York Ave,
X Add			Dunedin, Florida
Remove			34698
6) X Change	TRE	Bruce Kadoura	1218 New York Ave,
Add			Dunedin, Florida
Remove			34698
Kemove		B 3 - 6 4	

Page 2 of 4

Cont' on next ps

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:

 $P = President; \ V = Vice \ President; \ T = Treasurer; \ S = Secretary; \ D = Director; \ TR = Trustee; \ C = Chairman or Clerk; \ CEO = Chief \ Executive Officer; \ CFO = Chief \ Financial Officer. \ If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be <math>PTD$.

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Example: X Change X Remove X Add	PT John D V Mike J SV Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	TRE	Mamdouh Elsayad	1218 New York Ave
Add			Dunedin, Florida
Remove			34698
2) Change			
Add			
Remove		•	
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		-	
Add			
Remove			

f amending or adding additional Art attach additional sheets, if necessary).	(Be specific)			
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The	date of each amendment	t(s) adoption:	
Effective date <u>if applicable</u> :		11/10/2012	
Liit		(no more than 90 days after amendment file date)	_
Ada	option of Amendment(s)	(<u>CHECK ONE</u>)	
	The amendment(s) was/w was/were sufficient for ap	were adopted by the members and the number of votes cast for the amendment(s) pproval.	
	There are no members or adopted by the board of o	members entitled to vote on the amendment(s). The amendment(s) was/were directors.	
	Dated 11/	10/2012	
	Signature		
	have r	e chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)	
		MAMILIAN	
		(Typed or printed name of person signing)	
	Preside	ent/	
		(Title of person signing)	