## P06000129566

| (Requ                                   | estor's Name)     |               |
|---|-------------------|---------------|
|   |                   |               |
| (Addre                                  | ess)              |               |
| (Addre                                  | ess)              |               |
| (City/S                                 | State/Zip/Phone # | <del>/)</del> |
| PICK-ÜP                                 | WAIT              | MAIL          |
| (Busir                                  | ness Entity Name  | )             |
| (Docu                                   | ment Number)      | ···           |
| Certified Copies                        | _ Certificates o  | of Status     |
| Special Instructions to Filing Officer: |                   |               |
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OF NOV -8 AM 924.9

SECRETARY OF STATE

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

| NAME OF CORPORATION: MEDINA LI   | EANING CENTERS, INC   | <del></del>   |
|--|---|---|
| DOCUMENT NUMBER: P06000129566  |   |   |
| The enclosed Articles of Amendment and fee a   | re submitted for filing.  | ·   |
| Please return all correspondence concerning thi  | s matter to the following:  |   |
| SHEIKH MOHAMED   |   |   |
| (Name o  | of Contact Person)  | ······································  |
| MEDINA LEARNING CEI  | NTERS, INC.   |   |
| (Fin   | m/ Company)   | <del></del>   |
| 4308 JEFFERSON STREE   | <del></del>   | <u> </u>  |
| •  | (Address)   | · •   |
| HOLLYWOOD FL 33024   | _   |   |
| (City/ St  | ate and Zip Code)   | ·   |
| For further information concerning this matter,  | please call:  |   |
| SHEIKH MOHAMED   | at ( 954 ) 494-534<br>(Area Code & Daytime T  | 7   |
| (Name of Contact Person)   | (Area Code & Daytime T  | elephone Number)  |
| Enclosed is a check for the following amount:  |   |   |
| ☑ \$35 Filing Fee & Certificate of Status  | S43.75 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 Circ | ie  |

Tallahassee, FL 32301

## **Articles of Amendment** to **Articles of Incorporation** of

| FI          | LED    |
|-------------|--------|
| 06 NOV -8   |        |
| TALLAHASSEE | OF ST. |
| **********  | FLIBIE |

## ISLAMIC LEARNING CENTERS, INC

If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

(continued)

| The date of each amendment(s) adoption: NOVEMBER 1ST, 2006  |
|---|
| Effective date if <u>applicable</u> : NOVEMBER 1ST, 2006  (no more than 90 days after amendment file date)  |
| Adoption of Amendment(s) (CHECK ONE)  |
| The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.   |
| ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):                  |
| "The number of votes cast for the amendment(s) was/were sufficient for approval by  |
| (voting group)  |
| ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.   |
| ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.  |
| Signature  (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) |
| SHEIKH MOHAMED  |
| (Typed or printed name of person signing)   |
| PRESIDENT   |
| (Title of person signing)   |

FILING FEE: \$35