

N00000005445

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

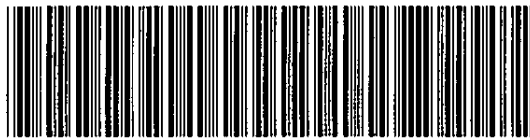
(Business Entity Name)

(Document Number)

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*Name Change
& Amend*

06/02/09--01055--026 **43.75

FILED
2009 JUN -2 PM 12:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*Done
6/5/09*

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Interfaith Hospitality Network of Orange and Seminole

DOCUMENT NUMBER: N00000005445

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

Please return all correspondence concerning this matter to the following:

Michael L. Marlowe-157000
(Name of Contact Person)

Marlowe & Weatherford, P.A.
(Firm/ Company)

1150 Louisiana Ave., Ste. 4
(Address)

Winter Park, Florida 32789
(City/ State and Zip Code)

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

For further information concerning this matter, please call:

Michael L. Marlowe-157000 at (407) 629-5008
(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:

- | | | | |
|--|--|--|--|
| <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

MARLOWE & WEATHERFORD P.A.

Attorneys and Counselors at Law
1150 LOUISIANA AVENUE
SUITE 4
WINTER PARK, FLORIDA 32789-2354
(407) 629-5008

MICHAEL L. MARLOWE
WILLIAM P. WEATHERFORD, JR.
BRADLEY K. ALLEY

PLEASE REPLY TO:
POST OFFICE DRAWER 2366
WINTER PARK, FLORIDA 327902366
FACSIMILE: (407) 740-0310

SENDER'S EMAIL:
mlm@winterparklaw.net
donna@winterparklaw.net

May 27, 2009

Florida Department of State
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Re: Interfaith Hospitality Network of Orange and Seminole Counties, Inc.
M&W file reference: 4487-001

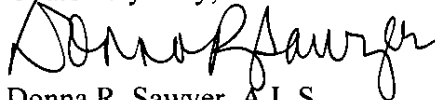
Dear Sir or Madam:

Please find enclosed the following items in connection with the above referenced Not-for-Profit Corporation:

- a. Cover Letter
- b. Articles of Amendment to Articles of Incorporation
- c. Our firm check in the amount of \$43.75 representing payment of the filing fee and one (1) Certificate of Status once filed.

Also enclosed is a return envelope for your convenience in returning the confirmation documents to this office. Thank you for your assistance and cooperation in this matter. If you should have any questions, please do not hesitate to contact our office.

Yours very truly,



Donna R. Sawyer, A.L.S.
Legal Assistant to Michael L. Marlowe, Esq.

DRS/bms
enclosures
c- Mary Traynor
Michael L. Marlowe, Esq.

Articles of Amendment
to
Articles of Incorporation
of

FILED

2009 JUN -2 PM 12:48

Interfaith Hospitality Network of Orange and Seminole Counties, Inc.
(Name of Corporation as currently filed with the Florida Dept. of State) SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N00000005445

(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:

Family Promise of Greater Orlando, Inc.

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**)*

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:

New Registered Office Address:

(Florida street 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

The date of each amendment(s) adoption: February 10, 2009

Effective date if applicable: February 10, 2009
(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 May 21, 2009

Signature Ray Maddock
(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)

Ray Maddock
(Typed or printed name of person signing)

President
(Title of person signing)