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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: The House of Judah Outreach Center, Inc		
DOCUMENT NUMBER: N07000003494		
The enclosed Articles of Amendment and fee	are submitted for filing.	
Please return all correspondence concerning the	nis matter to the following:	
Cathy Hankins		
	e of Contact Person)	
n/a		
(F	irm/ Company)	
123 Lincoln Street		
	(Address)	
St. Augustine, FL 32084		
(City/	State and Zip Code)	
For further information concerning this matter	r, please call:	
Cathy Hakins	at ( <u>904</u> ) <u>819-0740</u>	
(Name of Contact Person)	(Area Code & Daytime T	'elephone Numb <del>e</del> r)
Enclosed is a check for the following amount	made payable to the Florida Depa	rtment of State:
\$35 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	Street Address Amendment Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circ	ele
	Tallahassee, FL 32301	

## Articles of Amendment to Articles of Incorporation of

House Of Judah  (Name of Corporation as currently filed	n-Outreach Center, Inc. with the Florida Dept. of State	<u>.                                    </u>
N070000		
Pursuant to the provisions of section 617.1006, Florida Stathe following amendment(s) to its Articles of Incorporation	atutes, this <i>Florida Not For Prof</i> er:	it Corporation adopts
A. If amending name, enter the new name of the corpo	rauon:	
The new name must be distinguishable and contain the abbreviation "Corp." or "Inc." "Company" or "Co." mu		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	n/a	OSEGES TALLA
(Transpar office markets)		RIO I
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	n/a	PH 12: 19
		, A
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office.		the name of the
Name of New Registered Agent: n/a		
New Registered Office Address:	(Florida street address)	
		Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent, position.	red Agent: I am familiar with and accept t	he obligations of the
Signature of	f New Registered Agent, if chang	ing

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
n/a			Add Remove
	Marie Control of the		Add Remove
			Add Remove
(attach addit  a. Said organ  scientific pur  tions that qua  code, or corr  b. No part of  distributable	g or adding additional Articles, enter clional sheets, if necessary). (Be specific nization is organized exclusively for poses, including, for such purpose alify as exempt organizations under esponding section of any future tax the net earnings of the organization to its members, trustees, officers, or shall be outhorized and empowers	r charitable, religious, educas, the making of distributions r section 501(c)3 of the intext code.  In shall inure to the benefit or other private persons, exceptions.	s to organiza- mal revenue of, or to be cept that the
	shall be authorized and empowere tered and to make payments and o		
	ne purpose clause hereof. No subs		
tion shall be	the carrying on of propaganda, or	otherwise attempting to influ	ence legisla-
tion, and the	organization shall not participate in	n, or intervene in (including	the publishing
or distribution	n of statements) any political camp	aign on behalf of any candid	date for public
office. Notwi	thstanding any other provision of th	nis document, the organizati	on shall not
carry on any	other purposes not to be permitted	I to be carried on (a) by an o	organization
exempt from	federal income tax under section5	01(c)3 of the internal revenu	ue code, or
(b) by an org	anization, contributions to which a	e deductible under section (	(cont'd)

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)			
<u>Title</u>	Name	Address	Type of Action
<del></del>	n/a		
	Management of the control of the con		<b>—</b> -
170(c)(2) tax code. c. upon tl exempt p	he dissolution of the organi purposes within the meanin	(Be specific)  de, or corresponding section of a section assets shall be distributed g of section 501(c)3 of the international tax code, or shall be distributed federal tax code, or shall be distributed.	d for one or more
		government, for a public purpose	
not dispo	sed of shall be disposed of	f by the Court of Common Pleas	of the county in
which the	principal office of the orga	inization is then located, exclusiv	ely for such purposes
or to sucl	h organization or organizat	ions, as said court shall determin	e, which are
organize	d and operated exclusively	for such purposes.	

The date of each amendment(s) adoption: March 5, 2009		
Effective date <u>if applicable</u> :	n/a	
•	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/we was/were sufficient for app	re adopted by the members and the number of votes cast for the amendment(s) roval.	
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.	
Dated Ma	rch 5, 2009	
Signature	Cathy Hankins	
	the chairman of vice chairman of the board, president or other officer-if directors to not been selected, by an incorporator – if in the hands of a receiver, trustee, or	
	er court appointed fiduciary by that fiduciary)	
	Cathy Hankins	
	(Typed or printed name of person signing)	
	President/Director	
	(Title of person signing)	

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