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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: HOUSE O	F FAITH TRUE UNITY BAPTIST CHURCH INC.
DOCUMENT NUMBER:	1794
The enclosed Articles of Amendment and fee are sub	mitted for filing.
Please return all correspondence concerning this matt	er to the following:
PASTOR A	NNIE DUPREE
	(Name of Contact Person)
CHUR	СН
	(Firm/ Company)
17i1 M	MERCY DRIVE #106
	(Address)
ORLANDO	D, FLORIDA, 32808
	(City/ State and Zip Code)
tonidupre	e@yahoo.com
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please	call:
PASTOR ANNIE DUPREE	407 480-1489 at
(Name of Contact Person	
Enclosed is a check for the following amount made pa	nyable to the Florida Department of State:
\$35 Filing Fee & Certificate of Status	
Mailing Address	Street Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

MURB

15 HAY -8 FH 2: 12

HOUSE OF FAITH TRUE UNITY BAP	TIST CHURCH INC.
(Name of Corporation as current	ly filed with the Florida Dept. of State SEE, FLORIDA
N09000011794	· · · · · · · · · · · · · · · · · · ·
(Document Number	r of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes amendment(s) to its Articles of Incorporation:	s, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation	on:
EMMANUEL HOUSE OF FAITH INC.	The new
name must be distinguishable and contain the word "corporate "Company" or "Co." may not be used in the name.	
B. Enter new principal office address, if applicable:	N/A
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A

N/A	
(Flori	da street address)
	, Florida
City)	(Zip Code)
	(Flori City) ent:

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>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jone Sally Smit	<u>s</u> <u>h</u>	
Type of Action (Check One)	Title	N	<u>lame</u>	Address
1) Change				N/A
Add				
Remove				
2) Change				N/A
Add				
Remove				
3 ) Change				N/A
Add				
Remove				
4) Change				N/A
Add				
Remove				
5) Change				N/A
Add				
Remove				
6) Change			· · · · · · · · · · · · · · · · · · ·	N/A
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)					
WE ARE CHANGING THE NAME OF OUR CHURCH WHICH WAS FORMERLY NAMED HOUSE OF FAITH TRUE					
UNITY BAPTIST CHURCH INC.AND NOW WILL BE CALLED EMMANUEL HOUSE OF PRAYER INC.					

The o	date of each amendment(s) adoption:	, if other than the
date t	this document was signed.	
Effec	APRIL 26, 2015 ctive date if applicable:	
	(no more than 90 days after amendment file date)	
	If the date inserted in this block does not meet the applicable statutory filing requirements, this dat ment's effective date on the Department of State's records.	e will not be listed as the
Adop	ption of Amendment(s) (CHECK ONE)	
	The amendment(s) was/were adopted by the members and the number of votes cast for the amendme was/were sufficient for approval.	nt(s)
	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/we adopted by the board of directors.	re
	Dated May 4- 15	
	Signature Cennie C Dopres	
	(By the chairman or vice chairman of the board, president or other officer-if direct have not been selected, by an incorporator – if in the hands of a receiver, trustee, other court appointed fiduciary by that fiduciary)	
	Annie C Dupke (Typed or printed name of person signing)	_
	The ident- Mastor (Title of person signing)	_