(Re	equestor's Name)	
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(C	ity/State/Zip/Phone	e #)
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Emmanuel	Foundation o	f Central Florida inc.	
DOCUMENT NUMBER: N13000006	796		
The enclosed Articles of Amendment and fee are subm	nitted for filing.		
Please return all correspondence concerning this matte	r to the following:		
Gue	erredha Floi	rent	
	(Name of Contact Person	n)	
Emmanuel Foundation o	f Central FI	orida inc.	
	(Firm/ Company)		
5493 Timberleaf Blvd Apt 1415			
•	(Address)		
Orlando FL,32811			
(City/ State and Zip Code)			
emmanuelfoundat		<i>*</i>	
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:			
Guerredha Florent	407	485-3047	
(Name of Contact Person)		ode & Daytime Telephone Number)	
Enclosed is a check for the following amount made payable to the Florida Department of State:			
\$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is Enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section on of Corporations Building xecutive Center Circle ussee, FL 32301	

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

FILED 2013 AUG 12 PM 2:41

# Emmanuel Foundation of Central Florida inc.

(Name of Corporation as currently filed with the Florida Dept. of State) N13000006796

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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

If amending name, enter the new name of N/A	the corporation:			771
me must be distinguishable and contain the w Company" or "Co." may not be used in the n		r "incorporated" o	r the abbrevia	The tion "Corp." or "I
Enter new principal office address, if apprincipal office address MUST BE A STREE	licable:	N/A		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)		N/A		
			er the name o	of the
new registered agent and/or the new regis			ter the name o	of the
		<u>:</u>	er the name o	of the
	stered office address	<u>:</u> N/A	ter the name o	of the
Name of New Registered Agent:	stered office address	: N/A N/A	er the name o	of the
Name of New Registered Agent:	stered office address	N/A N/A street address)		(Zip Code)

# 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 Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change			
Add			- 11-00
Remove			
2) Change			
Add		•	
Remove			
3 ) Change			
Add			
Remove			
4) Change			•
Add			
Remove			
S) Change			
5) Change			
Add			
Remove			
6) Change	<del></del>		
Add			
Remove			

E. If amending or adding additional Art (attach additional sheets, if necessary).	icles, enter change(s) he	ere:	
(attach additional sheets, if necessary).	(Be specific)		
see attached			
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# ARTICLE VIII -EFFECTIVE DATE

The period of the duration of this corporation is perpetual unless dissolved according to the law. This corporation shall commence upon approval of the division of corporations of the department of state.

#### ARTICLE IX - DISTRIBUTION OF ASSETS UPON DISSOLUTION

No person, firm, or corporation shall ever receive any dividends or profits from the undertaking of this corporation and upon dissolution of this corporation, all of the assets remaining after payment of all costs and expenses of such dissolution shall be distributed to organizations which have qualified for exemption under section 501 (c) (3) of the internal revenue code or to the federal government or to a state or local government for public purposes, and none of the assets will be distributed to any member, officer, or trustee of this corporation.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificated, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Guerredha/Florent

Signature Registered Agent

<u>08/06/2013</u>

Marie Febe Garcon

Signature/Incorporator

08/06/2013

The date of each amendmen	t(s) adoption: 08/01/2013	, if other than the
date this document was signed Effective date if applicable:	1. 08/01/2013 (no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/was/were sufficient for a	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	r members entitled to vote on the amendment(s). The amendment(s) was/were directors.	
Dated 08/	/06/2013	
Signature	Threnthuerredha	<del></del>
have	e chairman or viet 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)	
	Guerredha Florent	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	