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DIVISION OF CORPORATIONS

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COVER LETTER

TO: Amendment Section Division of Corporations

EMMANUEL FOUNDATION OF CENTRAL FLORIDA, INC.

N 13000006796

The enclosed Articles of Amendment and fee are submitted for filing,

Please return all correspondence concerning this matter to the following:

GUERREDHA FLORENT

(Name of Contact Person)

EMMANUEL FOUNDATION OF CENTRAL FLORIDA, INC.

(Firm/ Company)

5497 TIMBERLEAF BLVD # 1509,

(Address)

ORLANDO, FL 32811

(City/ State and Zip Code)

FLORENTGCHILDRENMINISTRY@YAHOO.COM

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

For further information concerning this matter, please call:

GUERREDHA FLORENT

(Name of Contact Person)

Enclosed is a check for the following amount made payable to the Florida Department of State:

□ \$35 Filing Fee ■\$43.75 Filing Fee & □\$43.75 Filing Fee & Certificate of Status

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 Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

EMMANUEL FOUNDATION OF CENTRAL FLORIDA, INC. JAN 12 PH 1: 44

(Name of Corporation as currently	filed with the Florida Dept. of State)	·
\	00006796	
(Docum	ment Number of Corporation (if known)	
Pursuant to the provisions of section 617.10 amendment(s) to its Articles of Incorporation	006, Florida Statutes, this <i>Florida Not For Profit Corpor</i> on:	ation adopts the following
A. If amending name, enter the new name	ne of the corporation:	
	OUNDATION INTERNATIONAL, II	1710 11011
name must be distinguishable and contain t "Company" or "Co." may not be used in to	the word "corporation" or "incorporated" or the abbrevible name.	viation "Corp." or "Inc."
B. Enter new principal office address, if (Principal office address <u>MUST BE A STR</u>		
C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF		
D. If amending the registered agent and/ new registered agent and/or the new	or registered office address in Florida, enter the nam registered office address:	e of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
	, Florida	
	· (City)	(Zip Code)
New Registered Agent's Signature, if cha I hereby accept the appointment as register	rèd agent. I am familiar with and accept the obligations	of the position.
	Signature of New Registered Agent, if changing	

Page 1 of 4

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	PT John Do V Mike Jo SV Sally Si	<u>ones</u>	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) X Change	SR	MARIE F GARCON	4577 S KIRKMAN RD # \$, ORLANDO, FL 32811
Add			
Remove			
2) Change	<u>VP</u>	ELISTANE JACQUES	3709 N PINE HILLS RD, ORLANDO, FL 32808
X Add			
Remove	т	MILEDIO DEI DOM	
3) X Change	<u>T</u>	WILFRID DELBRIN	4577 S KIRKMAN RD # 5, ORLANDO, FL 32811
Add			
Remove	S	YVES ALTIDOR	15323 TORPOINT RD, WINTER GARDEN, FL 34787
4) Change X		TVES ALTIBOR	
AddRemove			
5) Change		· 	
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding a attach additional sheets, i	if necessary).	(Be specific)				
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The date of each amendment(s) adoption: date this document was signed.			FILED SECRETARY OF STATE DIVISION OF CORPORATIONS	, if other than the
	ective date <u>if applicable</u> :	01/03/2015	after amendment file date) 2 PH 1: 44	
Ad	option of Amendment(s)	(<u>CHECK ONE</u>)		
	The amendment(s) was/w was/were sufficient for ap		ne number of votes cast for the amendment(s)	
	There are no members or adopted by the board of o		nendment(s). The amendment(s) was/were	
	Signature <u>X</u> (By the have (board, president or other officer-if directors or – if in the hands of a receiver, trustee, or duciary)	
	GUERI	REDHA FLORENT		
	PRES	(Typed or printed name of p	erson signing)	
		(Title of person si	gning)	