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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:	E REVIVAL INC.
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this r	natter to the following:
SHAWANDA WILLIAMS-JOHNSON	
	(Name of Contact Person)
WORLD WIDE REVIVAL, INC.	
	(Firm/ Company)
130 NORTH COLLEGE AVE.	
	(Address)
EATONVILLE, FL 32751	
 	(City/ State and Zip Code)
SCHOWONDA.WILLIAMS@YAHOO.COM	
E-mail address: (to be	used for future annual report notification)
For further information concerning this matter, ple	ase call:
SHAWANDA WILLIAMS-JOHNSON	407-221-2653
(Name of Contact Per	son) atat(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount mad	e payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of Stat	Let & D\$43.75 Filing Fee & D\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is Enclosed)
Mailing Address	

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 of

WORLD WIDE REVIVAL INC.

(Name of Corporation	as curren	tly filed with	the Florida Dept. o	f State)	•	
717364						
(Docur	nent Numb	er of Corpora	ation (if known)			
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	rida Statute	es, this <i>Floria</i>	la Not For Profit Cor	poration a	adopts th	e following
A. If amending name, enter the new name of the	corporati	on:				
NA						The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name	l ''corporat e.	tion" or "inc	orporated" or the abi	reviation	"Corp."	
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A	<u>ble:</u> DDRESS)	NA				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX</u>)	NA				
					万 50	2020
). If amending the registered agent and/or regis	stered offic	e address in	Florida, enter the n	ame of the	도 발	JAH
new registered agent and/or the new register	ed office a	<u>ddress:</u>			~ .	1
Name of New Registered Agent:	NA				- 1:	
					`.	
New Registered Office Address:			(Florida street ado	(ress)		. 55 . 55 . 55 . 55 . 55 . 55 . 55 . 55
	NA			, Florida	1	
		(City)		_	Code)	
New Registered Agent's Signature, if changing Research hereby accept the appointment as registered agent	legistered _l t. I am fan	Agent: niliar with an	d accept the obligation	ons of the p	position.	
_	Na					
_	Sig	gnature of Ne	ew Registered Agent,	f changin	g	

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 = ChiefExecutive 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: \underline{X} Change \underline{X} Remove \underline{X} Add	<u>V</u> <u>Mi</u>	nn Doe ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	V	SARAH F. FLOYD	1987 SIPES AVENUE
Add			SANFORD, FL
X Remove			32771
2) Change	<u>v</u>	JONATHAN R. WILLIAMS	5439 CLARCONA KEY BLVD
Add			#802 ORLANDO, FL
Remove			32810
3) Change	<u>S</u>	DORIS NEWMAN	130 N COLLEGE AVENUE
Add			EATONVILLE, FL
X Remove			32751
4) Change	AA	SHAWANDA WILLIAMS-JOHNS on	130 N. COLLEGE AVENUE
X Add			EATONVILLE, FL
Remove			32751
5) X Change	D	SHIRLEY WILLIAMS	515 OLIVER ST
Add			ALTAMONTE SPRINGS, FL
Remove			32701
6) Change	D	SHELLY WILLIAMS	515 OLIVER AVENUE
X Add		correction of name and address.	ALTAMONTE SPRINGS, FL
Remove		ara quaress.	32701
		Page 2 of 4	

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)					
'A					
	_				
	-				

The date of each amendment(s) adoption: date this document was signed.			
Eff	fective date if applicable:		
	(no more than 90 days after amendment file date)		
No:	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be current's effective date on the Department of State's records.	e listed as the	
٨d٠	loption 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.		
	8-14-2017 Dated		
	Signature Shangule Williams - Johnson	_	
	(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)		
	SHAWANDA WILLIAMS-JOHNSON		
	(Typed or printed name of person signing)		
	ADMINISTRATIVE ASSISTANT		
	(Title of person signing)		