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COVER LETTER

TO: Amendment Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Revelation 3:20 Missionary Ministry and Biblical Teachings Inc. NAME OF CORPORATION The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Dr. Luz Dejesus Montas (Name of Contact Person) Aspire Public Insurance Adjusters, Inc. (Firm/ Company) 10680 SW 186 Street (Address) Miami, Florida 33157 (City/ State and Zip Code) drmontas@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Dr. Luz D.Dejesus (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 & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed) **Mailing Address** Street Address **Amendment Section** Amendment Section **Division of Corporations Division of Corporations**

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as current	ly filed with the Flor	rida Dept. of State)	" 	
		0005384	•	4
(Documen	t Number of Corpora			
tursuant to the provisions of section 617.	1006, Florida Statutes		r Profit Corporation ad	opts the foll
mendment(s) to its Articles of Incorporat	ion:			
. If amending name, enter the new na	me of the corporation	on:		
				Th
ame must be distinguishable and contain Company" or "Co." may not be used in		ion" or "incorporatea	l" or the abbreviation "	Corp." or "
	_	10678 SW 18	36TH STREET	
 Enter new principal office address, i Principal office address <u>MUST BE A ST</u> 				··········
		Miami, FL 33	157	
1 17-4	11	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
C. Enter new mailing address, if applie (Mailing address MAY BE A POST (
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		·		
). If amending the registered agent an			enter the name of the	
new registered agent and/or the new			Lanks	
Name of New Registered Agent:	Dr. Luz D. D	e Jesus /L	101775	
	10809 SW 2	225 th		
New Registered Office Address:	(Florida street address)		
ten hegiste en office had togs.	Miami		3315	7
	(City)		, Florida (Zip Code)	
			(Bip Coul)	
New Registered Agent's Signature, if che hereby accept the appointment as registed	nanging Registered A	Agent:	the ahlications of the n	osition
	De S			
Sig	hature of New Regist	ered Agent, if changin	g ——	
	/	age 1 of 4		
		V		

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 V SV	John Doe Mike Jon Sally Smi	<u>es</u>			
Type of Action (Check One)	Title]	Name			Address
1) Change	DS	<u> </u>	Rev. Dr. IRI	S REV. DE	JESUS	9117 NW 190 TERRACE
Add						MIAMI FL 33018
X Remove						**************************************
2) Change						
Add						
Remove				•		
3) Change			,			
Add						
Remove						
4) Change						
Add						
Remove						
5) Change						
Add			•			
Remove						
6) Change						
Add						
Remove						

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)		
Please remove REV. DR IRIS DE JESUS (this officer permanently).		
Corporation is restructuring articles and Members.		
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Гhe	date of each amendment(s) adoption:
Effe	(no more than 90 days after amendment file date)
Ad c	option 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.
	Dated 10/23/2012 Signature 2004
	(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)
	Dr. LUZ D. JESUS-MONTAS
	(Typed or printed name of person signing)
	VICE -PRESIDENT
	(Title of person signing)