

NO4000005384

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700293486567

11/18/16--01025--002 \*\*35.00

STATE BAR Y OF CALIF  
TALLAHASSEE, FLORIDA

16 DEC 20 AM 10:43

FILED

DEC 21 2016

D CUSHING

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Revelation 3:20 Missionary Ministry and Biblical Teachings, Inc.

DOCUMENT NUMBER: N04000005384

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rev. Narciso H. Montas, PhD.

(Name of Contact Person)

Revelation 3:20 Missionary Ministry and Biblical Teachings, Inc.

(Firm/ Company)

10678 SW 186th Street

(Address)

Miami, Florida 33157

(City/ State and Zip Code)

drnarcisomontas@gmail.com

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

For further information concerning this matter, please call:

Rev. Narciso H. Montas, PhD. President

(305) 969-9448

at

(Name of Contact Person)

(Area Code) (Daytime Telephone Number)

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

- \$35 Filing Fee
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 Filing Fee & 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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 DEC 20 AM 10:43

FILED



Pastoral Care Institute, Inc.  
18191 NW 68th Avenue, Suite 212  
Hialeah, Florida 33015  
(305) 859-1740 or (786) 413-8487  
[www.pastoralcareinstitute.org](http://www.pastoralcareinstitute.org)

December 5, 2016

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, Florida 32314

RE: Corporation Amendments and Correction Notice

Dear Ms. Cushing:

Thank you for your assistance with the attached corporations. Please note all corrections have been made. Enclosed please find a copy of the cleared check covering the processing fee of \$35.00 for corporation Reference Number N04000005384. Please let us know if additional information is required. Your prompt attention to this matter is greatly appreciated. Thank you.

Sincerely yours,

Rev. Dorcas Iris De Jesus  
Executive Director



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 23, 2016

REV. NARCISO H. MONTAS, PHD  
REVELATION 3:20 MISSIONARY MINISTRY AND  
10680 SW 186TH STREET  
MIAMI, FL 33157

SUBJECT: REVELATION 3:20, MISSIONARY MINISTRY AND BIBLICAL  
TEACHINGS, INC.  
Ref. Number: N04000005384

We have received your document for REVELATION 3:20, MISSIONARY  
MINISTRY AND BIBLICAL TEACHINGS, INC.. However, upon receipt of your  
document no check was enclosed. Please send a check or money order payable  
to the Department of State for \$35.00. Your document will be retained in our  
pending file. Please return a copy of this letter to ensure that your check is  
properly credited.

Please return your document, along with a copy of this letter, within 60 days or  
your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call  
(850) 245-6050.

Diane Cushing  
Senior Section Administrator

Letter Number: 116A00025186

Articles of Amendment  
to  
Articles of Incorporation  
of

Revelation 3:20 Missionary Ministry and Biblical Teachings, Inc.

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

N04000005384

(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 amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

\_\_\_\_\_ The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

**B. Enter new principal office address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FILED  
16 DEC 20 AM 10:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**C. Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

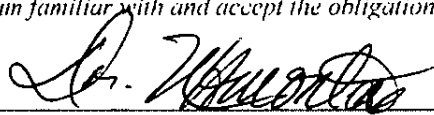
Name of New Registered Agent: Rev. Narciso H. Montas, PhD.

10678 SW 186th Street  
(Florida street address)

New Registered Office Address:  
Miami, Florida 33157  
(City) (Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.



Signature of New Registered Agent, if changing

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>VP</u>	<u>Luz Montas, PhD.</u>	<u>10809 SW 225th Terrace</u> <u>Miami, Florida 33170</u>
2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>PS</u>	<u>Narciso H. Montas, Rev., PhD.</u>	<u>10809 SW 225th Terrace</u> <u>Miami, Florida 33170</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Jonathan Baquero, Min.</u>	<u>10834 SW 182nd Lane</u> <u>Miami, Florida 33157</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Nestor Arroyo, Rev.</u>	<u>57 Gold Street Apt. 1</u> <u>North Arlington, New Jersey 07031</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Lorenza Fajardo, Rev.</u>	<u>1 Stevens Road</u> <u>Apt. 2</u> <u>Wallington, New Jersey 07057</u>
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Miguel A. Fajardo, Rev., ThD.</u>	<u>1 Stevens Road</u> <u>Apt. 2</u> <u>Wallington, New Jersey 07057</u>

**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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	<u>D</u>	<u>Dorcas Iris De Jesus, Rev.,MFT</u>	<u>9117 NW 190 Terrace</u>
<input checked="" type="checkbox"/> Add			<u>Hialeah, Florida 33018</u>
<input type="checkbox"/> Remove			<u></u>
2) <input type="checkbox"/> Change	<u></u>	<u></u>	<u></u>
<input type="checkbox"/> Add			<u></u>
<input type="checkbox"/> Remove			<u></u>
3) <input type="checkbox"/> Change	<u></u>	<u></u>	<u></u>
<input type="checkbox"/> Add			<u></u>
<input type="checkbox"/> Remove			<u></u>
4) <input type="checkbox"/> Change	<u></u>	<u></u>	<u></u>
<input type="checkbox"/> Add			<u></u>
<input type="checkbox"/> Remove			<u></u>
5) <input type="checkbox"/> Change	<u></u>	<u></u>	<u></u>
<input type="checkbox"/> Add			<u></u>
<input type="checkbox"/> Remove			<u></u>
6) <input type="checkbox"/> Change	<u></u>	<u></u>	<u></u>
<input type="checkbox"/> Add			<u></u>
<input type="checkbox"/> Remove			<u></u>

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

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---



The date of each amendment(s) adoption: 10/10/2016, if other than the date this document was signed.

Effective date if applicable: 10/10/2016  
(no more than 90 days after amendment file date)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption 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 11/10/2016

Signature 

(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)

Rev. Narciso H. Montas, PhD

\_\_\_\_\_  
(Typed or printed name of person signing)

President, Founder

\_\_\_\_\_  
(Title of person signing)