# ND5000009120

Office Use Only



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SECRETARY OF STATEMS
OF CORPORATIONS
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Amend Cub (13/3/11

#### **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

NAME OF CORPO	PRATION: REVELATION	NS II IN	IC.		
DOCUMENT NUM	BER: NO500009120				
The enclosed Article	s of Amendment and fee are su	bmitted fo	r filing.		
Please return all corr	espondence concerning this ma	tter to the	following	g:	
		RT GOF			
	(Name o	f Contact I	Person)		
	REVEL	ATIONS	II INC.		
	(Firr	n/ Compar	ıy)		·
				. /	
	914 MCP	HERSO	N <del>LAN</del> E	- place	
	(	Address)		,	
	WINTER G	ARDEN	FL. 347	87	
<del>,</del>	(City/ Sta	ate and Zip	Code)		<del></del>
	gordon	1627	e gn	19iL. O &	m
<del></del>	GORDAN46				
	E-mail address: (to be use	za ior iatu:	e amuan	героп поштсав	ion)
For further information	on concerning this matter, pleas	se call:			
DODEDT OODD	A N I		407		
ROBERT GORDA	of Contact Person)	at (	(407	) 340-9490	e Telephone Number)
(14athe	of Contact reison)		(Alea C	Lode & Dayum	e Telepholie Number)
Enclosed is a check for	or the following amount made p	payable to	the Florid	da Department (	of State:
□\$35 Filing Fee	☑ \$43.75 Filing Fee & Certificate of Status	Certif	3.75 Filin ied Copy tional cop sed)	,	□ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address  Amendment Section				Address	•
			ment Section n of Corporation	s	
Division of Corporations P.O. Box 6327			Clifton	Building	
Tallahassee, FL 32314			2661 E	xecutive Center (	Circle

Tallahassee, FL 32301

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

## of

### REVELATIONS II, INC. (Name of Corporation as currently filed with the Florida Dept. of State) NO5000009120

(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Flor the following amendment(s) to its Articles of Incorp		Profit Corporation adopts
A. If amending name, enter the new name of the	corporation:	
The new name must be distinguishable and conta abbreviation "Corp." or "Inc." "Company" or "Comp		
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A		
C. Enter new mailing address, if applicable: (Malling address <u>MAY BE A POST OFFICE I</u>	<u>BOX</u> )	
D. If amending the registered agent and/or regis new registered agent and/or the new registered		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing R	tegistered Agent:	
I hereby accept the appointment as registered age position.		cept the obligations of the
Signa	ture of New Registered Agent, if a	hanging

### 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Add☐ Remove
			□ Domosia
<del></del>			□ Damasia
(attach a	dditional sheets, if necessary	Articles, enter change(s) here:  ). (Be specific)  JRPOSE FOR WHICH THIS COI	RPORATION IS
ORGANI	ZED IS : AFFORDABLE	HOUSING, HOUSING DEVELO	PMENT,
COMMUI	NITY DEVELOPMENT,	COUNSELING, FOODBANKS, \	OUTH SERVICES,
HOMELE	SS SERVICES.		
<del>"</del>			
<b></b>			
<u>-</u>			

The date of each amendmen	t(s) adoption: 03-14-2011
Effective date if applicable:	(date of adoption is required)
<del></del>	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we was/were sufficient for app	are adopted by the members and the number of votes cast for the amendment(s) proval.
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
Dated_03-1	4-2011
Signature _	Robert Gordon
hav	the chairman or vice chairman of the board, president or other officer-if directors re not been selected, by an incorporator – if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)
	ROBERT GORDON
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)