N11000008922

(Re	equestor's Name)	<u> </u>
(Ad	ldress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number))
Certified Copies	_ Certificate:	s of Status
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2011 SEP 29 PM 4: 00
SECHETARY OF STATE
BALLAHASSEE, FLORID:

Amend Brown 9-29-11

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: REVIVE THE	AMER	ICAN I	DR	EAM, IN	1C.
DOCUMENT NUM	BER: 000212363020		·			
The enclosed Articles	of Amendment and fee are su	bmitted fo	r filing.			
Please return ail corre	spondence concerning this ma	tter to the	following	g:		
		h M. Fuc				
	(Name of	f Contact I	Person)			
	Florida REO inspect	tions and	Preser	vati	ion, LLC	
	(Firm	n/ Compar	ıy)			
	18910 N	IE 20 AV	ENUE			
	(Address)				
	MIAN	/II, FL 33	179			
	(City/ Sta	te and Zip	Code)			
	Revive.the.Americ	a.Dream	.Inc@g	ma	il.com	
	E-mail address: (to be use		re annuai	rep	ort notifica	tion)
For further informatio	n concerning this matter, pleas	e call:				
Joseph Fucheck		at (786)_	955-626	4
(Name	of Contact Person)			Code	e & Daytin	ne Telephone Number)
Enclosed is a check fo	r the following amount made p	payable to	the Flori	da D	Department	of State:
□\$35 Filing Fee	✓ \$43.75 Filing Fee & Certificate of Status	Certif	ied Copy tional co	/		☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ameno Divisio P.O. B	ng Address Idment Section On of Corporations Ox 6327 Ox 6327		Division Clifton	lmen on of Bui	t Section Corporation	ns

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

	W. 1637	
	FII	ED
20// 8	FD =	CD
RASE CAR	729	ED 4:00
FALLAHA	SSEE E	STATE
ite)	~ (ORIDA

REVIVE THE AMERICAN DREAM, INC.

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

NI 100000 8922 (Document Number of Corporation (if known)

able: ADDRESS)	
<u>BOX</u>)	
istered office address in Florida, e	enter the name of the
(Florida street address)	
(1,00,000,000,000,000,000,000,000,000,00	
1	BOX) stered office address in Florida, ered office address:

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
<u>D</u>	MAXIMILAN FUCHECK	18910 NE 20 AVENUE MIAMI, FL 33179	_ □ Add □ ☑ Remove
SD	JACKIE KNITTEL	5413 SW 34 STREET HOLLYWOOD, FL 33023	_ ☑ Add _ ☐ Remove
			_
	nding or adding additional Articles, ento additional sheets, if necessary). (Be spec		
PLEASE	MAKE FOLLWING CHANGES TO	THE BOARD MEMBERS NAI	MES & TITLES:
#1) Plea	se Change Reverend Mark Ameda	Spelling to Marc Ameda. Add	"T" so his TD
#2) This	is how DR. Emmanuel Obiesie nar	ne is Correctly spelled. Please	add an "M" to
his First	Name(so there's 2 M's) and Chang	e the Spelling of his last name	to Obiesie, from
O'biesie.	He will remain PD at 150 NW	168th St Ste 206 NI	niam Beach, FL 33169
#3) Plea	se ADD an M. for middle initial for F	Pastor Jose Gonzalez. So it's J	ose M. Gonzalez
and ADE	OVP, so he will be VPD IE: Vice P	resident / Director	
#4)Finall	y for Pastor George Gonzalez, Plea	ase ADD an L so it's George L	. Gonzalez and
Change	him from VPD, TO: ED for Executiv	re Director.	·
			
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The date of each amendmen	(s) adoption: September 26, 2011	
Effective date <u>if applicable</u> :	(date of adoption is required) These Articles shall be Effective Immediately upon Approval of St	ate
	(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	re adopted by the members and the number of votes cast for the amendment(s) roval.	
There are no members or adopted by the board of dis	nembers entitled to vote on the amendment(s). The amendment(s) was/were rectors.	
Dated_Sept	ember 26, 2011	
Signature	Chylly if	
(By hav	the chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, er court appointed fiduciary by that fiduciary)	s or
	DR. Emmanuel Obiesie	
	(Typed or printed name of person signing)	
	PRESIDENT / DIRECTOR	
	(Title of person signing)	