

N120000004764

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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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TALLAHASSEE, FLORIDA

Amend

DEC 21 2016

D CUSHING

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Revelation University Inc.

DOCUMENT NUMBER: N12000004764

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 University Inc.

\_\_\_\_\_  
(Firm/ Company)

10678 SW 186th Street

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

Miami, Florida 33157

\_\_\_\_\_  
(City/ State and Zip Code)

dmarcisomontas@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:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>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

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16 DEC 20 AM 11:21  
SECRETARY OF STATE  
TALLAHASSEE, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 23, 2016

REV. NARCISO H. MONTAS, PHD  
REVELATION UNIVERSITY INC.  
10680 SW 186TH STREET  
MIAMI, FL 33157

SUBJECT: REVELATION UNIVERSITY, INC.  
Ref. Number: N12000004764

We have received your document for REVELATION UNIVERSITY, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 607.0802 or 617.0802, Florida Statutes, requires directors to be natural persons 18 years old or older.

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: 916A00025185

Articles of Amendment  
to  
Articles of Incorporation  
of

Revelation University Inc.

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

N12000004764

(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)

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:

New Registered Office Address:

(Florida street address)

(City)

Florida

(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

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TALLAHASSEE

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 checked="" type="checkbox"/> Change	<u>DS</u>	<u>Rose Marie Melendez, Dr.</u>	<u>1539 SE 27th Street #203</u>
<input type="checkbox"/> Add			<u>Homestead, Florida 33035</u>
<input type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>VP</u>	<u>Narciso H. Montas, Rev., PhD.</u>	<u>10809 SW 225th Terrace</u>
<input checked="" type="checkbox"/> Add			<u>Miami, Florida 33170</u>
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>D</u>	<u>Jonathan Baquero, Min.</u>	<u>10834 SW 182nd Lane</u>
<input checked="" type="checkbox"/> Add			<u>Miami, Florida 33157</u>
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	<u>D</u>	<u>Nestor Arroyo, Rev.</u>	<u>57 Gold Street Apt. 1</u>
<input checked="" type="checkbox"/> Add			<u>North Arlington, New Jersey 07031</u>
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change	<u>D</u>	<u>Lorenza Fajardo, Rev.</u>	<u>1 Stevens Road</u>
<input checked="" type="checkbox"/> Add			<u>Apt. 2</u>
<input type="checkbox"/> Remove			<u>Wallington, New Jersey 07057</u>
6) <input type="checkbox"/> Change	<u>D</u>	<u>Miguel A. Fajardo, Rev., ThD.</u>	<u>1 Stevens Road</u>
<input checked="" type="checkbox"/> Add			<u>Apt. 2</u>
<input type="checkbox"/> Remove			<u>Wallington, New Jersey 07057</u>



This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

10/10/2016

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

10/10/2016

Effective date if applicable:

(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)**

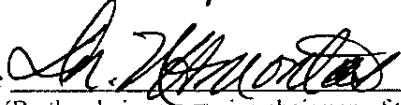
☒ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

☐ 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)