## N12000004764

(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)		
(Cit	y/State/Zip/Phone #)		
PICK-UP	MAIT	MAIL	
(Bu	siness Entity Name)	<del></del>	
(Document Number)			
Certified Copies	_ Certificates of	Status	
Special Instructions to Filing Officer:			

Office Use Only



600320298236

11/02/18--01013--006 ++43.75

TILEU
2019 HOV -2 PH 4: 11

Ancob Amend

> NOV 0 8 2018 I ALBRITTON

## **COVER LETTER**

TO: Amendment Section Division of Corporations Revelation University, Inc. NAME OF CORPORATION: N12000004764 DOCUMENT NUMBER: \_ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Rev. Dr. Narciso H. Montas (Name of Contact Person) Revelation University 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. Dr. Narciso H. Montas 305 200-9001 (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 & ☐ \$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

(Additional copy is

enclosed)

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Certified Copy

(Additional Copy is Enclosed)

## Articles of Amendment to Articles of Incorporation of

(Name of Corporation as curren	ntly filed with the Flo	rida Dept. of State)
N12000004764		
(Document Numl	per of Corporation (if	known)
Pursuant to the provisions of section 617,1006, Florida Statut imendment(s) to its Articles of Incorporation:	es, this <i>Florida Not F</i>	or Profit Corporation adopts the following
A. If amending name, enter the new name of the corporate	tion:	
		The new
name must be distinguishable and contain the word "corpora" "Company" or "Co." may not be used in the name.	ttion" or "incorporate	ed" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	10678 SW 186th S	Street
(Principal office address MUST BE A STREET ADDRESS	) Miami, Florida 331	57
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u> )		2018 HOY
D. If amending the registered agent and/or registered offines new registered agent and/or the new registered office :		enter the name of the
	additess.	
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am for		t the obligations of the position.
	Signature of New Regi	stered 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: X Change X Remove X Add		Doe Jones Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
	Director		
1) Change	Rev.	Alberto Rafael Santos Associate	10833 SW 244th Terrace
X Add			Miami FL 33032
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 addition (attach additional sheets, if necess	sary). (Be specif	ic)			
				<del>, -,.</del>	<del>,</del>
				·	
			4 4		<u> </u>
		· ,-·		·	
					<del></del>
				· ·	<del>.</del>
· · · · · · · · · · · · · · · · · · ·			***		<del></del>

		October 17, 2018	
The	date of each amen	dment(s) adoption:	_, if other than the
late	this document was	signed.	
		October 17, 2018	
Effe	ctive date <u>if applic</u>		
		(no more than 90 days after amendment file date)	
		ed in this block does not meet the applicable statutory filing requirements, this date will not te on the Department of State's records.	be listed as the
Ado	ption of Amendmo	ent(s) ( <u>CHECK ONE</u> )	
8	The amendment(s) was/were sufficien	was/were adopted by the members and the number of votes cast for the amendment(s) t for approval.	
	There are no membadopted by the box	pers or members entitled to vote on the amendment(s). The amendment(s) was/were and of directors.	
	Dated	October 30, 2018	
		MAMONTO	
	Signature	1 KI MUS	<b>-</b>
	(	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. Dr. Narciso H. Montas	
		(Typed or printed name of person signing)	
		Vice President	
		(Title of person signing)	