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## **COVER LETTER**

**Division of Corporations DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: (Name of Contact Person) (Firm/ Company) For further information concerning this matter, please call: (Name of Contact Person) 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 (Additional copy is **Certified Copy** enclosed) (Additional Copy is Enclosed)

Mailing Address

TO: Amendment Section

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

## Articles of Amendment to Articles of Incorporation

	of		
FOR EVERIASTING H	KAVA ATTOM	TNC	••
(Name of Corporation as cui	rently filed with the Florid	a Dept. of State)	
N100000315	7		
(Document No	umber of Corporation (if kno	wn)	
Pursuant to the provisions of section 617.1006, Florida Sta amendment(s) to its Articles of Incorporation:	atutes, this <i>Florida Not For I</i>	Profit Corporation adopts the f	Collowing
A. If amending name, enter the new name of the corpo	ration:		
			The new
name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name.	oration" or "incorporated"	or the abbreviation "Corp." o	
B. Enter new principal office address, if applicable:	<u></u>	<. <sub>As</sub>	<b>&gt;</b>
(Principal office address <u>MUST BE A STREET ADDRE</u>	<u>SS</u> )	'. ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	
			1
		4()	<u> </u>
C. Enter new mailing address, if applicable:		1.35	3 0
(Mailing address MAY BE A POST OFFICE BOX)		<u>فه د .</u> آهاند .	
		ૈંત્	
<b>.</b>			<del></del>
D. If amending the registered agent and/or registered of new registered agent and/or the new registered officer.		ter the name of the	
Name of New Registered Agent:	·		
	TI.		
New Registered Office Address:	(Гюғи	du street address)	
		. Florida	
<del> </del>	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Register	red Agents		
I hereby accept the appointment as registered agent. I am		e obligations of the position.	
	Signature of New Registere	ed 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	<u>V</u> <u>Mil</u>	n Doe te Jones y Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	·	Address	
l) Change					
Add				<del> </del>	·
Remove					
2) Change					
Add					
Remove					<del></del>
3) Change	<u> </u>				·
Add					
Remove					
4) Change					
Add	<u> </u>				•
Remove					
5) Change					
·	<del></del>				
Add					
Remove					
6) Change				<del> </del>	
Add					
Remove					

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)
ARTICLE III. PURPOSE:
FOR EVERLASTING REVELATION INC. Provides
resources and quidance to mothers with the
purpose of assisting them in timing and
for which the occasion to occasion is
Exalusivaly for phacitable religious
Aducational Durposes including for such
purposes the making of distributions to
organizations that quality as exempt
Organizations under section 501(c)(3) of
Corresponding section of a future, tederal
TOX COOP.

The date of each amendment(s) adoption:  date this document was signed.	, if other than the
Effective date if applicable:  (no more lhan 90 days after dmendment file date)	•
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
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 April 16,2018	
Signature Mm Jey Cull	,
(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)	
MARGARET MCDOWELL	
(Typed or printed name of person signing)	
PRESIDENT	1 .
(Title of person signing)	