N19392

| (Requestor's Name) | |
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| (City/State/Zip/Phone #) | |
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| PICK-UP WAIT MAIL | |
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| (Business Entity Name) | |
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| (Document Number) | |
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| Certified Copies Certificates of Status | |
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| Special Instructions to Filing Officer: | |
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2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

| NAME OF CORPORATION: The Revival Faith Center Ministries |
|---|
| DOCUMENT NUMBER: N19392 |
| The enclosed Articles of Amendment and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Catrice Main |
| (Name of Contact Person) |
| The Revival Earth Center Ministries, INC. |
| (Firmy Company) |
| 3541 W. Broward Blvd. |
| (Address) |
| Fort Lauderdale Fl. 33312 (City State and Zip Code) |
| F-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| (Name-of Contact Person) at (950) 321 - 6330 (Area Code) (Daytime Telephone Number) |
| Enclosed is a check for the following amount made payable to the Florida Department of State: |
| ■ S43.75 Filing Fee & □S43.75 Filing Fee & □S43.75 Filing Fee & □S52.50 Filing Fee Certificate of Status (Additional copy is enclosed) □S52.50 Filing Fee Certificate of Status (Additional Copy is Enclosed) |
| Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee |

Articles of Amendment to Articles of Incorporation of

THE REVIVAL FAITH CENTER MINISTRIES, INC.

| (Name of Corporation as currently filed with the F | lorida Dept. of State) | · · |
|---|---|----------------|
| N193 | 92 | |
| (Documen | nt Number of Corporation (if known) | |
| Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation: | a Statutes, this Florida Not For Profit Corporation adopts | the following |
| A. If amending name, enter the new name of the co | orporation: | |
| | | The new |
| name must be distinguishable and contain the word "c "Company" or "Co," may not be used in the name. | corporation" or "incorporated" or the abbreviation "Corp | p." or ",Inc." |
| B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD | | |
| | · | |
| | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO | <u></u> | 20211 |
| | | |
| | | |
| | red office address in Florida, enter the name of the | بب |
| new registered agent and/or the new registered | office address: | ယ္ က က |
| <u>Name of New Registered Agent:</u> | · · · · · · · · · · · · · · · · · · · | |
| _ | (Florida street address) | |
| New Registered Office Address: | | |
| | , Florida, City) , (Zip Code, | |
| | | , |
| New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent. | eistered Agent: I am familiar with and accept the obligations of the positi | on. |
| | | |
| | Signature of New Registered 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 | | Doc Jones Smith | |
|--|--------------|---|--|
| Type of Action (Check One) | <u>Title</u> | Name | Address |
| 1)Change Add | ST | Sarah Herrington | 2398 N.W. 26 Ave. Fort. Lauderbaie, Fl. 3331 |
| Remove | | | |
| 2) Change Add | | | |
| Remove 3) Remove Add Remove | | | |
| 4) Change Add | | | |
| Remove | | | |
| 5) Change Add | | | |
| Remove | | | |
| 6) Change Add | | <u> </u> | |
| Remove | | | |
| E. If amending or addi (attach additional she | | articles, enter change(s) here:). (Be specific) | |
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| The date of each amendment(s) adoption: |
| The date of each amendment(s) adoption: |
| Effective date if applicable: 8/14/2020 (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 east 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 8/14/2020 |
| 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) |
| Catrice Major |
| (Typed or printed name of person signing) |
| Administrator 50 (Title of person signing) |
| (L |