# NZO 000006969

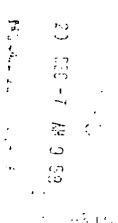
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### COVER LETTER

REVIVAL COMMUNITY INC

.

TO: Amendment Section Division of Corporations

NAME OF CORPORATIO	N:					
DOCUMENT NUMBER: _	N20000006969					
The enclosed Articles of Am						
The enclosed Afficies by Am	enameni and ice are subii	inted for trinig.				
Please return all corresponde	nce concerning this matte	r to the following:				
Kate Rahmeyer						
<del> </del>	•	(Name of Contact	Person)	<del></del>	<del></del>	
Instant Nonprofit						
		(Firm/ Compa	ny)		·	
316 California Ave. Unit 900	)					
		(Address)				
Reno, NV 89509						
		(City/ State and Zi	Code)			
maxwelctorres@gmail.com						
E-	mail address: (to be used	for future annual r	eport not	ification	)	
For further information conce	erning this matter, please of	call:				
Kate Rahmeyer		í	303 it		306-4669	
(	Name of Contact Person)		(Area	Code)	(Daytime Telephone Number)	
Enclosed is a check for the fe	ollowing amount made pay	yable to the Florida	Departn	nent of S	State:	
□ \$35 Filing Fee	□\$43.75 Filing Fee & I Certificate of Status	S43.75 Filing Fe Certified Copy (Additional copy enclosed)		Certifi Certifi	O Filing Fee cate of Status ed Copy ional Copy is sed)	
Mailing A			treet Ad			
Amendmer	it Section	امِ	imename	mi Secti	on	

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

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

#### Articles of Amendment to Articles of Incorporation of

REVIVAL COMMUNITY INC.

of Corporation (if known)		_
this Florida Not For Profit Corporation adopts the	follov	ring
<u>n:</u>		
	The i	ww
on" or "incorporated" or the abbreviation "Corp."	or "In	c. "
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<u> </u>	• ;	
address in Florida, enter the name of the	-:	
dress:	. ;	
	2:	
(Florida street address)	<u></u>	
	(A (D	
, Florida		
(City) (Zip Code)		
gent:		
liar with and accept the obligations of the position.		
nature of New Registered Agent, if changing		—
	this Florida Not For Profit Corporation adopts the  n:  address in Florida, enter the name of the dress:  (Florida street address)  (City) (Zip Code)	address in Florida, enter the name of the free forms:  (Florida street address)  (Florida street address)  (City)  (Zip Code)  gent: liar with and accept the obligations of the position.

## 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:

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>PT</u> <u>V</u> <u>SV</u>	John Do Mike Jo Sally Sn	<u>nes</u>		
Type of Action (Check One)	<u>Title</u>		Name		<u>Addres</u> s
1) Change		_			
Add				,	
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 additional Art (attach additional sheets, if necessary).	icles, enter change(s) here (Be specific)	; 		
Add to Article III:				
Please see attachment.				
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	e date of each amendment(s) adoption:  this document was signed.	if other than the
Jace	this document was signed.	
Effe	ective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)	
	e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not ument's effective date on the Department of State's records.	be listed as the
Ado	option of Amendment(s) ( <u>CHECK ONE</u> )	
	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 12/01/2020	
	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)	
	Maxwel Torres	
	(Typed or printed name of person signing)	
	President & Director	
	(Title of person signing)	

#### Amendment to Articles of Incorporation

#### IRS Required 501(c)3 Language:

#### Purpose Clause:

This organization is organized exclusively for charitable, educational, religious and/or scientific purposes under Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, and shall not inure benefit or earnings to any private shareholder or individual.

#### Dissolution Clause:

Upon the winding up and dissolution of this organization, after paying or adequately providing for the debts and obligations of the organization, the remaining assets shall be distributed to a nonprofit fund, foundation or corporation which is organized and operated exclusively for one or more exempt purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, including to another tax-exempt organization under Section 501(c)(3), or shall be distributed to the federal government, or to a state or local government, for a public purpose.