N23000008658

(Requestor's Name)	<u> </u>
(Address)	
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(City/State/Zip/Phone #)	
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COVER LETTER

TO: Amendment Section Division of Corporations

ROIE REVENAME OF CORPORATION:	LATION MINISTE	RIES "INCORPORA	TED"	
N23000008658 DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee	are submitted for fi	ling.		
Please return all correspondence concerning t	his matter to the foll	lowing:		
BENWILLIAM DUCENORD				
	(Name of C	Contact Person)	, <u> </u>	
FIRM				
	(Firm/	Company)		_
1085 MIAMI BLVD				
	(A)	ddress)		_
DELRAY BEACH FLORIDA 33483				
	(City/ State	and Zip Code)		_
Trecofliferevlation@gmail.com				
E-mail address: (to	be used for future a	innual report notifica	tion)	_
For further information concerning this matte	r, please call:			
BENWILLIAM DUCENORD		561 at	5428657	
(Name of Contac	t Person)	(Area Cod	e) (Daytime Telephone Number)	
Enclosed is a check for the following amount	made payable to the	e Florida Department	of State:	
☐ \$35 Filing Fee ☐ \$43.75 Filing Certificate of	Status Certified	Copy Conal copy is Cell (A	2.50 Filing Fee rtificate of Status rtified Copy dditional Copy is nelosed)	
Mailing Address		Street Addre	<u>ss</u>	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



ROIE REVELATION MINISTRIES "INCORPORATED"

(Name of Corporation as currently filed with the Florid	a Dent of State)	
N2300008658	a Dept. or grate)	
	•	
Pursuant to the provisions of section 617,1006, Florida Stat amendment(s) to its Articles of Incorporation:	tutes, this Florida Not For Pr	ofit Corporation adopts the following
A. If amending name, enter the new name of the corpor	ration:	
ROH'S REVELATION MINISTRIES "INC."	-	271
name must be distinguishable and contain the word "corpo "Company" or "Co." may not be used in the name.	oration" or "incorporated" or	The new rihe abbreviation "Corp." or "Inc."
D. Parter non-nainal affice address: if applicables	N/A	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES	<u>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</u>	
		
		·
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	N/A 	
		
D. If amending the registered agent and/or registered o		er the name of the
new registered agent and/or the new registered offic	e a <u>ddress:</u>	
Name of New Registered Agent: N/A		
N D : 1000 4 H	(Florida	street address)
<u>New Registered Office Address:</u>		
	7/22	, Florida (Zip Code)
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Register		
1 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

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 Doc, 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)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>C</u>	BENWILLIAM DUCENORD	248 NW 9TH AVE DELRAY BEACH FL. 33444-2756
Remove 2) Change Add	<u>D</u>	BONIFACE SAINT JULIEN	8675 SPIER WAY WEST NAPLES FL.34112
Remove	<u>D</u>	CHARLESON CHARLES	2812 37TH ST SW LEHIGH ACRES, FL 33976
4) Change × Add	TD	CEUS MERZIUS	1404 DURSO CT IMMOKALE FL.34142
Remove 5) Change	MBR	SARILIEN DUCENORD	1085 MIAMI BLVD DELRAY BEACH FL. 33483
6) Change Add			
E. If amending or additional st		rticles, enter change(s) here:). (Be specific)	

The date of each amendment(s) adoption:, if other than the
date this document was signed.
N/A
Effective date if applicable: (no more than 90 days after amendment file date)
(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.

	board of directors.
rs	07/25/2023
Dated Signati	ire J
2 "	(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)
	DUCENORD BENWILLIAM
	(Typed or printed name of person signing)
	С

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were

Articles of Amendment Articles of Incorporation of

ROIE REVELATION MINISTRIES "INCORPORATED"

No. The Control of the State of (Name of Corporation as currently filed with the Florida Dept. of State) N23000008658 (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: ROHI'S REVELATION MINISTRIES "INC." 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. N/A B. Enter new principal office address, if applicable: (Principal office address MUST RE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (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: (Florida street address) New Registered Office Address: Florida (City) (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

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>	<u>Name</u>	Address
1) Change Add	C	BENWILLIAM DUCENORD	248 NW 9TH AVE DELRAY BEACH FL. 33444-275
Remove 2) Change	<u>D</u>	BONIFACE SAINT JULIEN	8675 SPIER WAY WEST NAPLES FL.34112
Remove 3) Remove x Add Remove	D	CHARLESON CHARLES	2812 37TH ST SW LEHIGH ACRES, FL 33976
4) Change Add	TD	CEUS MERZIUS	1404 DURSO CT IMMÖKALE FL.34142
Remove 5) Change Add	MBR	SARILIEN DUCENORD	1085 MIAMI BLVD DELRAY BEACH FL. 33483
Remove 6) Change Add			
E. If amending or additional sh	ding additional Ai	rticles, enter change(s) here: (Be specific)	

			
			
			
			
			
		 	
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			·
-			
		<u> </u>	
NV a	N/A		
The date of each amendment(s) adoption: date this document was signed.			, if other than the
N/A			
Effective date <u>if applicable</u> : N/A	o more than 90 days after amen	durant (I. I.)	
<u>Note:</u> If the date inserted in this block does a document's effective date on the Department	not meet the applicable statutory of State's records.	filing requirements, this date will no	ot be listed as the
Adoption of Amendment(s)	CHECK ONE)		
The amendment(s) was/were adopted by was/were sufficient for approval.	the members and the number of	of votes cast for the amendment(s)	

adopted by the b	oard of directors.
David	07/25/2023
Dated Signatur	
	(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)
	DUCENORD BENWILLIAM
	(Typed or printed name of person signing)
	С
	(Title of person signing)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were