P0900060464

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COVER LETTER

Division of Corpo				SEC.
NAME OF CORPOR	REVELATION	SCHOOL OF FLOF	RIDA, INC.	
DOCUMENT NUMB	P09000060464			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		- 1987 1987 1987
Please return all corres	pondence concerning this ma	tter to the following:		D'M
	LUZ DE JESUS MON	TAS		
•	REVELATION SCHOOL	Name of Contact Person		- 12 - 1 - 1
•	10680 SW 185TH ST	Firm/ Company REET		•
-	CUTTLER BAY, FL 33	Address 1157		
•		City/ State and Zip Cod	e	
For further information	E-mail address: (to be us	sed for future annual report	notification)	_
LUZ DE JESUS I		786	486-2380	
Name o	f Contact Person		de & Daytime Telephone N	umber
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Division Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301	

Articles of Amendment to ' Articles of Incorporation

	of		PG F	mesty grade
REVELATION SCHOOL OF FLORIDA, INC.			SAR OG	11
(Name of Corporation as currently filed with	th the Florida D	ept. of State)	55.47 00	1
P0900060464			E H	, m
(Document Number of Corpo	oration (if known)		77.57	5 0
Pursuant to the provisions of section 607.1006, Florida Statut its Articles of Incorporation:	tes, this <i>Florida</i> i	Profit Corporation add	opts the following	amendment(s) to
A. If amending name, enter the new name of the corporat	tion:			
			7	The new
name must be distinguishable and contain the word "cor "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc word "chartered," "professional association," or the abbrev	c," or "Co". A	npany," or "incorpor professional corporat	rated" or the abb tion name must co	reviation ntain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	<u> </u>			·
				
C. Enter new mailing address, if applicable:				
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)			·	
·				
D. If amending the registered agent and/or registered offi new registered agent and/or the new registered office a		orida, enter the name	e of the	
Name of New Registered Agent				
(FI	lorida street addres	(S)		
New Registered Office Address:		, Florida		
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing Registered	l Agent:	ed tree	P. J	
I hereby accept the appointment as registered agent. I am fa	amiliar with and	accept the obligations	of the position.	
Signature of New Regi	istered Agent, if a	chaneine		
2.0				

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:	ove, and ba	ory smins, so all are rida.	
X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address RDF
1) Change	0	MONTAS, NARCISO HJR.	10680 SW 186TH STREET
Add			CUTTLER BAY, FL 33157
Remove			
2) Change	0	SPOONER, EARL J	PO BOX 570631
Add			MIAMI, FL 33257
Remove			
3) Change	0	Abacon International Corp.	3451 SW 156TH CT.
Add			MIAMI, FL 33185
Remove			
4) Change			
Add			
Remove			
5) Change			
Add	,,		
Remove			
6) Ch			
6) Change			
Add			
Remove			

tach additional sheets, if necessary). (Be specific)	~~
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n amendment provides for an exchange, reclassification, or cancellation of iss	ued shares,
ovisions for implementing the amendment if not contained in the amendment	ued shares, itself:
n amendment provides for an exchange, reclassification, or cancellation of iss ovisions for implementing the amendment if not contained in the amendment (if not applicable, indicate N/A)	ued shares, itself:
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ovisions for implementing the amendment if not contained in the amendment (if not applicable, indicate N/A)	itself:
ovisions for implementing the amendment if not contained in the amendment (if not applicable, indicate N/A)	itself:

The date of each amendment(s) adoption:	other than the
date this document was signed.	J
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	arezana.
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s): "The number of votes cast for the amendment(s) was/were sufficient for approval	
"The number of votes cast for the amendment(s) was/were sufficient for approval	:
by" >> (voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
October 1, 2014 Signature A Multi Class	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Narciso Montas	
(Typed or printed name of person signing)	
P	
(Title of person signing)	



September 18, 2014

LUZ DE JESUS MONTAS REVELATION SCHOOL OF FLORIDA, INC. 10680 SW 186TH STREET CUTLER BAY, FL 33157

SUBJECT: REVELATION SCHOOL OF FLORIDA, INC.

Ref. Number: P09000060464

We have received your document for REVELATION SCHOOL OF FLORIDA, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The incorrect form was submitted.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Cheryl R McNair Regulatory Specialist II

Letter Number: 814A00020097