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COVER LETTER

TO: Amendment Section Division of Corporations

Perfected I	Love International F	ellowship		
NU9000003796				
DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fe	re are submitted for	filing.		
Please return all correspondence concerning	this matter to the fo	llowing:		
LaJun M. Cole, Sr				
	(Name of	Contact Person)		
Perfected Love International Fellowship				
	(Fim	ı/ Company)		
6720 East Fowler Avenue Ste 161				
 	(,	Address)		
Tampa, Florida 33617				
·	(City/ Sta	te and Zip Code)		
lajun@icloud.com				
E-mail address: (to be used for future	annual report notifi	cation)	
For further information concerning this matt	er, please call:			
LaJun M. Cole, Sr.		813 at	240-0501	
(Name of Conta	act Person)		ode) (Daytime Telepl	hone Number)
Enclosed is a check for the following amoun	it made payable to th	e Florida Departme	nt of State:	
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee Certificate of		d Copy Conal copy is Cod) (552.50 Filing Fee Certificate of Status Certified Copy Additional Copy is Enclosed)	
Mailing Address		Street Addr	ess	

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 Articles of Incorporation of

Α	rticles of Amendment			
A.e.	to ticles of Incorporation	ec.		
At	of			
Pertected Love Internatinal Fellowship				
(Name of Corporation as cu	irrently filed with the Fl	lorida Dept. of State)		
N09000003796				
(Document 8	Sumber of Corporation (if	f known)		
Pursuant to the provisions of section 617,1006, Florida S amendment(s) to its Articles of Incorporation:	tatutes, this Florida Not I	lorida Dept. of State) f known) For Profit Corporation adopts the following		
A. If amending name, enter the new name of the corp	oration:			
Contagious Church, Inc.		wy .		
name must be distinguishable and contain the word "cor	maration" ar "incornara	The new the abbraviation "Corn" or "Inc."		
"Company" or "Co." may not be used in the name.	portition to theory or to	ica or me dissertination cosp. or the		
B. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDR.	ECC >			
trincipal office address <u>MOST BE A STREET ADDR</u>	<u> </u>			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
(Matting dataress MAT BE A POST OF FICE BOX)				
		·		
D. If amending the registered agent and/or registered new registered agent and/or the new registered off		ia, enter the name of the		
new registered agent antom the new registered on	ice address.			
Name of New Registered Agent:				
		(Florida street address)		
New Registered Office Address:	·	(32)		
		Florida		
	(City)	(Zip Code)		
New Registered Agent's Signature, if changing Regist	ared Auant:			
hereby accept the appointment as registered agent. I a	erea <u>weette.</u> om familiar with and acce	nt the obligations of the position		
	J	process and the state of the process		

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 = ChiefExecutive 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	PT V SV	John Doe Mike Jones Sally Smith			
Type of Action (Check One)	<u>Title</u>	ì	<u>Name</u>		Address
1) Change Add Remove				-	
2) Change Add				-	
Remove 3) Change Add	<u></u>			-	
Remove 4) Change Add				-	
Remove 5) Change Add				-	
Remove 6) Change Add				-	
Remove				_	

f amending or adding additional Art trach additional sheets, if necessary).	(Be specific)					
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The	he date of each amendment(s) adoption:	if other than the
	ate this document was signed.	
Eff	ffective date if applicable:	
	(no more than 90 day	s after amendment file date)
	Softe: If the date inserted in this block does not meet the application of the date on the Department of State's records.	able statutory filing requirements, this date will not be listed as the
Add	doption of Amendment(s) (CHECK ONE)	
	☐ The amendment(s) was/were adopted by the members and t was/were sufficient for approval.	he number of votes cast for the amendment(s)
	There are no members or members entitled to vote on the aradopted by the board of directors.	mendment(s). The amendment(s) was/were
	Dated May 4th, 2018	
	Signature Ceffen	1 BbC Sh.
		board, president or other officer-if directors or – if in the hands of a receiver, trustee, or iduciary)
	LaJun M. Cole, Sr.	
	(Typed or pri	inted name of person signing)
	President	
		Title of nerson signing)