N15000009091

| (Requ | estor's Name) | |
|-----------------------------|-----------------|-------------|
| (Addre | ess) | |
| (Addre | ess) | |
| (City/S | State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Busir | ness Entity Nar | me) |
| (Docu | ıment Number) | |
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SECRETARY OF STATE OF STATE OF

DEC 6 2016 C LEWIS

COVER LETTER

TO: Amendment Section
Division of Corporations

| Perfectly Whole Ministries, Inc. NAME OF CORPORATION: | | | | |
|---|--|--|--|--|
| N105000009091 DOCUMENT NUMBER: | | | | |
| The enclosed Articles of Amendment and fee are submitted for filing. | | | | |
| · · · · · · · · · · · · · · · · · · · | | | | |
| Please return all correspondence concerning this matter to the following: | | | | |
| Traci Long | | | | |
| (Name of Contact Person) | | | | |
| Perfectly Whole Ministries, Inc | | | | |
| (Firm/ Company) | | | | |
| 2320 Lake Miramar Way | | | | |
| (Address) | | | | |
| Miramar, Florida 33056 | | | | |
| (City/ State and Zip Code) | | | | |
| tracijlong@yahoo.com | | | | |
| E-mail address: (to be used for future annual report notification) | | | | |
| For further information concerning this matter, please call: | | | | |
| Traci long 954-548-5308 at | | | | |
| (Name of Contact Person) (Area Code) (Daytime Telephone Number) | | | | |
| Enclosed is a check for the following amount made payable to the Florida Department of State: | | | | |
| \$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) \$35 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

Street Address

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

Articles of Amendment to Articles of Incorporation of



Perfectly Whole Ministries, Inc.

2016 DEC - 1 PM 1:41

| (Name of Corporation as | currently filed with the Flor | ida Dept. of State) | |
|---|-------------------------------|---|--|
| N15000009091 | | | |
| (Document | Number of Corporation (if ki | nown) | |
| Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation: | Statutes, this Florida Not Fo | r Profit Corporation adopts the following | |
| A. If amending name, enter the new name of the con | poration: | | |
| | | The new | |
| name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name. | orporation" or "incorporated | " or the abbreviation "Corp." or "Inc." | |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD | RESS) | | |
| | <u> </u> | | |
| | | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX | ω | | |
| | | | |
| D. If amending the registered agent and/or registered new registered agent and/or the new registered of | | enter the name of the | |
| Name of New Registered Agent: | | | |
| The of Hell Hegister Hell | | | |
| New Registered Office Address: | (Fle | (Florida street address) | |
| tien registeren Office num ess. | | | |
| - | (City) | , Florida (Zip Code) | |
| New Registered Agent's Signature, if changing Reginature, if changing Reginated in the Appointment as registered agent. | stered Agent: | , , | |
| | | | |
| | Signature of New Registe | ered 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 | PT John D V Mike J SV Sally S | | |
|-----------------------------------|-------------------------------------|-------------|-------------|
| Type of Action (Check One) | <u>Title</u> | Name | Address |
| 1) Change | | | |
| Remove | | | |
| 2) Change Add | | | |
| Remove | | | |
| 3) Change | | | |
| Remove | | | |
| 4) Change Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

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| it i |

| Nover | nber 22, 2016 | |
|---|---|---|
| The date of each amendment(s) adoption: | | , if other than the |
| date this document was signed. | | SCUPLIARY OF STATE |
| Novem | ber 22, 2016 | JEVESTON OF CORFURATE 9 |
| Effective date if applicable: | DCI 22, 2010 | |
| (no more the | ın 90 days after amendment file date) | 2016 DEC - 1 PM 1: 41 |
| Note: If the date inserted in this block does not meet the document's effective date on the Department of State's | | ents, this date will not be listed as the |
| Adoption of Amendment(s) (CHECK (| DNE) | |
| The amendment(s) was/were adopted by the members was/were sufficient for approval. | pers and the number of votes cast for the | ne amendment(s) |
| There are no members or members entitled to vote adopted by the board of directors. | on the amendment(s). The amendmen | nt(s) was/were |
| Dated November 22, 2016 | | |
| Signature ////// | | |
| (By the chairman or vice chairm | an of the board, president or other offi | cer-if directors |
| have not been salected, by an in | ncorporator - if in the hands of a recei- | ver, trustee, or |
| other court appointed fiduciary | by that fiduciary) | |
| | | |
| Traci Long | | |
| | | <u>.</u> |
| (Ty _l | ped or printed name of person signing) | |
| President | | |
| | | |
| | (Title of person signing) | |