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COVER LETTER

TO: Amendment Section Division of Corporations Psalm 139 Love, Inc. NAME OF CORPORATION: _ 81-3299918 DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Paul Pecott (Name of Contact Person) Psalm 139 Love, Inc. (Firm/ Company) 1844 Clearbrooke Dr. (Address) Clearwater, Florida 33760 (City/ State and Zip Code) Psalm139Loveinc@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Paul Pecott (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: ☐\$43.75 Filing Fee & ☐\$43.75 Filing Fee & \$35 Filling Fee. □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is: Certified Copy enclosed) (Additional Copy is

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

Enclosed)

Articles of Amendment to Articles of Incorporation of

Psalm 139 Love, Inc.			
(Name of Corporation as curre	ntly filed with the Florida Dep	t. of State)	
81-3299918			
(Document Num	ber of Corporation (if known)		
Pursuant to the provisions of section 617.1006, Florida Statumendment(s) to its Articles of Incorporation:	tes, this Florida Not For Profit	Corporation adopts the f	ollowing
A. If amending name, enter the new name of the corpora	tion:		
			The new
name must be distinguishable and contain the word "corpord" "Company" or "Co." may not be used in the name.	ation" or "incorporated" or the	abbreviation "Corp," or	" "Inc."
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)	()		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	P.O. BOX CLEARLWATE	5581 r, FL 33	3758
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office		ie name of the	
Name of New Registered Agent:			
New Registered Office Address:	(Florida stre	t address)	
		, Florida	
	(City)	(Zip Code)	73
New Registered Agent's Signature, if changing Registered	1 Agent:		14 14 23
hereby accept the appointment as registered agent. I am fo	imiliar with and accept the oblig	gations of the position.	•
			A.
	Signature of New Registered Ag	nt, if changing	9

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, nam 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 = ChExecutive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each officheld. 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. The 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 Char Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	<u>V</u> <u>Mi</u>	hn Dog ike Jones fly Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	SD	Alison Coleman	827 Hillcrest Drive
Add			Thomson, GA 30824
xxxx Remove			
2) Change	D	Becky Marsland Hill	2929 Ore Valley Drive
Add			Heartland, MI 48353
XXXX Remove			
3.) Change			
Add			
Remove			
4) Change			
Add			
Remove			
51 Change			
Add			
Remove			
6)Change			
Add			
Remove			

. If amending or adding a (attach additional sheets, i	dditional Articles, e f necessary). (Be :	enter change(s) h specific)	<u>ere</u> :		
	<u>.</u>				
				_	
		·		-	
	·				
					

	1/17/2019	
The date of each amendment(late this document was signed.	s) adoption:	, if other the
Effective date <u>if applicable</u> :	1/17/2019	
	(no more than 90 days after amendment file date)	<u></u>
	is block does not meet the applicable statutory filing requirements, this date will red Department of State's records.	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE)</u>	
The amendment(s) was/we was/were sufficient for ap	ere adopted by the members and the number of votes east for the amendment(s) proval.	
There are no members or adopted by the board of d	members entitled to vote on the amendment(s). The amendment(s) was/were irectors.	
Dated	019	
Signature	-l- Troll	
have no	chairman of vice chairman of the board, president or other officer-if directors of been selected, by an incorporator - if in the hands of a receiver, trustee, or ourt appointed fiduciary by that fiduciary)	
	PAUL PECOTT	
	(Typed or printed name of person signing)	
	VICE PRESIDENT (Title of person signing)	
	(core or posson arguing)	