N16000007516

(Re	questor's Name)	
(Ad	dress)	
(,,	,	
(Ad	dress)	
(Cit	y/State/Zip/Phone	· #)
PICK-UP		MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
		<u></u>
Special Instructions to	Filing Officer:	





100335956111

10/25/19--01008--011 **35.00

e TALL ANT



2019 OCT 25 PM 10: 09

COVER LETTER

TO: Amendment Section Division of Corporations

Psalm 139 Love, li NAME OF CORPORATION:	Inc.
81-3299918	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are sub	omitted for filing.
Please return all correspondence concerning this matter	ter 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	ed for future annual report notification)
For further information concerning this matter, please	e call:
Paul Pecott	727 331-0260
(Name of Contact Person	
Enclosed is a check for the following amount made pa	payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	Certified Copy Certificate of Status (Additional copy is enclosed) □\$52.50 Filing Fee Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section Division of Corporations	Street Address Amendment Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Psalm 139 Love, Inc. (Name of Corporation as currently filed with the Florida Dept, of State) 81-3299918 (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: 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 B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: P.O. Box 5581 (Mailing address MAY BE A POST OFFICE BOX) Clearwater, FI 33758 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 A Add	<u>V</u> <u>Mik</u>	<u>i Doc</u> e Jones y <u>Smith</u>		
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s	
1) Change	D	Joshua Leventhal	103 Darwin Road	
X Add			Oak Ridge, TN 37830	-
Remove				-
2) Change	S	Barbara Howard	5888 Littlestone Ct.	_
Add			N. Ft. Myers, FL 33903	
Remove	D	Anson Augustave	Delmas Port Au Prince	-
3) Change X Add			Haiti	_
Remove				_
4) Change				_
Add				-
Remove				-
5) Change	***			-
Add				_
Remove				_
6) Change				
Add				
Remove				

(attach additional)	dding additional A sheets, if necessary)	. (Be specific)	1			
		<u>-</u>	<u>_</u>			
			-			
		-				<u> </u>
					- · · · · · · · · · · · · · · · · · · ·	
			_			
		<u> </u>			·	
			·	 		
			·	<u>,</u>		· ·
						
		· · · · · · · · · · · · · · · · · · ·		1		
						
·			*			
		· - · · · · · · · · · · · · · · · · · · ·				
						
	 	- 				

		10/15/2019	
	e date of each amendment(s) adopte this document was signed.	ion:	_, if other than the
Etf	ective date <u>if applicable</u> :		
	 	(no more than 90 days after amendment file date)	
Not loc	te: If the date inserted in this block ument's effective date on the Depart	does not meet the applicable statutory filing requirements, this date will not liment of State's records.	be listed as the
Adoption of Amendment(s)		(<u>CHECK ONE</u>)	
_	The amendment(s) was/were adopt was/were sufficient for approval.	ted by the members and the number of votes east for the amendment(s)	
	There are no members or members adopted by the board of directors.	s entitled to vote on the amendment(s). The amendment(s) was/were	
	Dated 10/17/2019	15.)	
	Signature	Triol	
	(By the chairman have not been s	n or vice chairman of the board, president or other officer-if directors relected, by an incorporator – if in the hands of a receiver, trustee, or ointed fiduciary by that fiduciary)	-
	Paul Pecot	t	
		(Typed or printed name of person signing)	
	Vice Presid	lent	
	•	(Title of person signing)	