

L 09000014516

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200303036042

09/01/17--01025--005 \*\*25.00

FILED  
17 SEP 22 PM 1:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. WARREN

SEP 25 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 5, 2017

BISHOP EUGENE M. JOHNSON  
932 NORTH SHORE DRIVE  
JACKSONVILLE, FL 32208

SUBJECT: GREATER GRACE OUTREACH, LLC  
Ref. Number: L09000014516

We have received your document for GREATER GRACE OUTREACH, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

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) 245-6051.

Stacey M Warren  
Regulatory Specialist II

Letter Number: 417A00018248

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** GREATER GRACE OUTREACH LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

BISHOP EUGENE. M. JOHNSON

\_\_\_\_\_  
Name of Person

GRACE AND TRUTH COMMUNITY DEVELOPMENT CORPORATION

\_\_\_\_\_  
Firm/Company

932 NORTH SHORE DRIVE

\_\_\_\_\_  
Address

JACKSONVILLE, FL 32208

\_\_\_\_\_  
City/State and Zip Code

EMJOHNSON@GRACEANDTRUTHCDC.ORG

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BISHOP E. M. JOHNSON

904 338-9990  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

GREATER GRACE OUTREACH LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on FEBRUARY 12, 2009 and assigned  
Florida document number L09000014516.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

Florida

*City*

*Zip Code*

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I agree to accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. If the document is being filed to merely reflect a change in the registered office address, I hereby confirm that the company has been notified in writing of this change.*

If Changing Registered Agent, Signature of New

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

Remove  
Ch  
e  
17 SEP 22 PM 10:10  
Agg  
D  
Remove  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

ARTICLE IX - Membership: Grace and Truth Community Development Corporation, a Florida corporation

recognized as exempt under Section 501(c)(3) of the IRS code shall be the sole member of

this Company.

**E. Effective date, if other than the date of filing:** 08/30/2017 **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated August 30, 2017

Bishop Eugene M. Johnson

Signature of a member or authorized representative of a member

Bishop Eugene M. Johnson

Bishop Eugene M. Johnson

Typed or printed name of signee

FILED  
17 SEP 22 PM 1:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA