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COVER LETTER

TO:

Tallahassee, FL 32314

		stration Section of Corp				
SUBJEC		Measure of		•		
SUBJEC	.1: _			ited Liability Company	•	
The enclo	osed a	Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please re	turn a	ill correspoi	ndence concerning this matter	to the following:		
			Tamara M. Williams			
				Name of Person		
			Measure of Faith LLC			
				Firm/Company		
			P.O. Box 7295			
				Address		
			Lakeland, Florida 33813			
				City/State and Zip Code		
			measureoffaithllc@gmail.co			
For furth	er inf	ormation co	oncerning this matter, please ca	to be used for future annual	report nounication)	
Tamara N	M. W	illiams		352 871	-2367	
		Name of	Person	Area Code	Daytime Teleph	ione Number
Enclosed	is a c	check for th	e following amount:			
■ \$25.0	00 Fil	ing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enc		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ng Address		Street Ac		
	_	stration S sion of Co	ection orporations	•	ition Section of Corporation	ons
		Box 632			ntre of Tallaha	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Measure of Faith 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 $\frac{\text{June 26, 2018}}{\text{Linited Liability Company}}$ and assigned Florida document number __L18000156179 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 "LLC." 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

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 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Winston Williams	572 Northride Trail	□Add
		Lakeland, Florida 33813	■Remove
			□Change
	 		□ Add
			□Remove
			Change
			
		<u> </u>	□Remove
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	· · · · · · · · · · · · · · · · · · ·		□Add
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Fective date, if other than the date of filing:		<u>.</u> - -
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April 6 . 2020		n mc
April 6 , 2020 . Jamara M. William Signature of a member or authorized representative of a member.		
Jamara M. Williams Signature of a member or authorized representative of a member	April 6 2020	
Signature of a member or authorized representative of a member		
Signature of a member or authorized representative of a member	Vamara Mr. Williams	
organizate of a member of authorized representative of a member	Signature of a member or authorized representative of a member	
	Tamara M. Williams Typed or printed name of signee	