

L18 000156179

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(Business Entity Name)

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S. YOUNG



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 24, 2020

TAMARA M WILLIAMS  
MEASURE OF FAITH LLC  
128 E MAIN STREET #318  
LAKELAND, FL 33801

SUBJECT: MEASURE OF FAITH LLC  
Ref. Number: L18000156179

We have received your document for MEASURE OF FAITH 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):

ONLY PAGE 1 OF 3 RECEIVED, ALL PAGES MUST BE MAILED

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6050.

Shelia S Young  
Regulatory Specialist II

Letter Number: 220A00018414

# COVER LETTER

Registration Section  
Division of Corporations

SUBJECT: Measure of Faith LLC  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Tamara Williams  
Name of Person

Measure of Faith LLC  
Firm/Company

128 E Main Street #318  
Address

Lakeland, FL 33801  
City/State and Zip Code

newme@withgrace.net@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tamara Williams at (852) 871-2367  
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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
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 June 26, 2018 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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

122 E. Main Street

#318

Lakeland, Florida 33801

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

122 E. Main Street

#318

Lakeland, Florida 33801

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:

Registered Agents Inc.

New Registered Office Address:

7401 4th Street N, Suite 300

*Enter Florida street address*

St. Petersburg

*City*

Florida 33702

*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 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

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CLERK OF CIRCUIT COURT  
JACKSONVILLE, FLORIDA

**R = Manager**  
**BR = Authorized Member**

BR = Authorized Member

Type of Action

\_ ☐ Change

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

Effective date, if other than the date of filing: \_\_\_\_\_ (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.

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 document is filed.

Dated October 29, 2020

Theresa M. Williams

Signature of a member or authorized representative of a member

Theresa M. Williams

Typed or printed name of signer