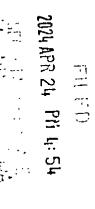
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COVER LETTER

	ation Sec n of Corp				
	me Correc	etion			
SUBJECT:	-,	Name of Lim	ited Liability Company		
The enclosed Art	ticles of A	mendment and fee(s) are sub	mitted for filing.		
Please return all	correspon	dence concerning this matter	to the following:		
		Lonnie Michael Bernese			
		11-11-11	Name of Person	-7-4-41	
		Fil-Am Transport LLC			
			Firm/Company		
		7879 North Jamaica Drive	Citrus Springs		
			Address		
		Florida, 34433			
			City/State and Zip Cod	e e	· · ··
		bernese.lonnie@yahoo.com			
For further infor	nation co	ncerning this matter, please ca	to be used for future annual.	n report nonnea	uon)
		neering this matter, prease ea		202003	
Lonnie Michael			909 2 at () _	385093 	
	Name of	Person	Area Code	Daytime T	elephone Number
Enclosed is a che	ck for the	following amount:			
■ \$25.00 Filing	g Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is e		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Address:	="		Address:	
•	ration Se on of Co	ection rporations	——————————————————————————————————————	tration Section on of Corpo	
	ox 6327	•		entre of Tal	

Tallahassee, FL 32314

TO:

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fil-Am Transport LLC	
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v	vere filed on 07/31/2023 and assigned
Florida document number 1.19000130021	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liability	y 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)	
	
	AF
Enter new mailing address, if applicable:	APR 2
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	Idress on our records, <u>enter the name of the new regist</u>
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 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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Lonnie Michael Bernese	7879 North Jamaica Drive	≣ Add
		Citrus Springs, FL 34433	□Remove
			□Change
AMBR	Bernese, Lonnie Michael M	7879 North Jamaica Drive	□Add
		Citrus Springs, FL 34433	≡ Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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ffective date, if other than the an effective date is listed, the date mus lote: If the date inserted in this bloocument's effective date on the De	ock does not meet ti	he applicable stati	filing or more than utory filing requir	(optional) 90 days after filing.) P ements, this date w	ursuant to 605.020 ill not be listed a
record specifies a delayed effective is filed.	e date, but not an ef	fective time, at 12	2:01 a.m. on the e	urlier of: (b) The '	90th day after the
April 10,	202				
		- 7	- 3		
	Signature of a member	mul	fore		