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COVER LETTER

TO:

TO: Registration So Division of Cor				
Filam 909,				
SUBJECT:				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
	ondence concerning this matter			
	Joel A. White			
		Name of Person		
	Filam 909. I.I.C			
		Firm/Company		
	907 S. Charles Richard Be	all Blvd.		
	<u> </u>	Address		
	Debary, FL 32713			
		City/State and Zip Code		
	gigi4500@yahoo.com			
For further information c	E-mail address: (oncerning this matter, please c	to be used for future annual report no all:	otification)	
Gail Gentry	-	859 396-8163 at ()		
Name o	f Person	Area Code Dayti	me Telephone Number	
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fce	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres		Street Address:	Section .	
Registration Section Division of Corporations		~	Registration Section Division of Corporations	
P.O. Box 632	27	The Centre of	Tallahassee	
Tallahassee,	FL 32314	2415 N. Moni	roe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TALLAHASSEE, F	2022 APR 27 AH	FILED
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FILAM 909, 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 28, 2022 and assigned Florida document number 122000104775 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

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 JOCELYN BESA WHITE	907 S. CHARLES RICHARD BEALL BLVD.	= Add	
	DEBARY, FL 32713	□Remove	
			□Change
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			□Remove
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	date of filing: MARCH 17.	2022	(optional) 90 days after filing.) Pursi	uant to 605	.0207 (.3) (l
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