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22 MAY 13 AM 9: 18

JIVISION OF CORPORATION

T. MATTHEWS
JUL 14 2022

COVER LETTER

nited Liability Company bmitted for filing. r to the following:	
bmitted for filing.	
r to the following:	
Name of Person	
Firm/Company	
eall Blvd.	
Address	
City/State and Zip Code	 -
(to be used for future annual report notifi	cation)
859 396-8163	
Area Code Daytime	Telephone Number
☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Street Address: Registration Sec	tion
	Firm/Company call Blvd. Address City/State and Zip Code (to be used for future annual report notificall: at (

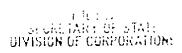
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Registration Section

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



22 MAY 13 AM 9: 18

FILAM 2225, LLC

company has been notified in writing of this change.

(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 L22000104795					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	nding name, enter the new name of the limited liability company here:				
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the a	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 a agent and/or the new registered office address here:	address on our records, <u>enter the na</u>	me of the new regis			
Name of New Registered Agent:					
New Registered Office Address:					
New registered villes radies.	Enter Florida street address				
	Florida _	Zip Code			
	·	Zip Code			
New Registered Agent's Signature, if changing Registered Agent:					
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my duties, and I am	i familiar with anc			

being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

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
			□ Add
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Filing Fee: \$25.00