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Registration Section
Division of Corporations

## ROAD HEAVEN TRANSPORT LLC

SUBJECT:

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

# KENNETH GONZALEZ

Name of Person

# ROAD HEAVEN TRASNPORT LLC

Firm/Company

715 BUNKER LN

Address

KISSIMMEE, FL 34759

City/State and Zip Code

sustaxes@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

### Kenneth Gonzalez

at (215) 3139100

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

□ \$30.00 Filing Fee & Certificate of Status □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

#### **MAILING ADDRESS:**

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

#### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

#### ROAD HEAVEN TRANSPORT LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

•	(A Florida Limited Liability Company)		
The Articles of Organization for this Limited I Florida document number <u>L4000069073</u>	Liability Company were filed on 04/	29/2014 a	nd assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability company here	;	
The new name must be distinguishable and end with the	e words "Limited Liability Company," the de-	signation "LLC" or the abbrevi	ation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STREET ADDRESS)			. 7.
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Enter new mailing address, if applicable:			<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)			<del></del>
B. If amending the registered agent and registered agent and/or the new registered of		our records, enter the r	name of the ne
Name of New Registered Agent:	MARILYN GONZALEZ		
New Registered Office Address:	715 BUNKER LN		
	Enter Florida	street address	
	KISSIMMEE	, Florida 34759	)
New Registered Agent's Signature, if changing	City  Registered Agent:	Zip	Code
I hereby accept the appointment as register	ed agent and agree to act in this ca		• •

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.

апо 1 of 3

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Type of Act	Address	<u>əme</u> V	<u>əlii</u> ]
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ament	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
ne effecti	e date, if other than the date of filing:
	UGUST 11th 2014
	Kenneth Frog

Page 3 of 3

Filing Fee: \$25.00