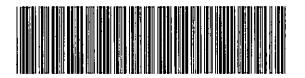
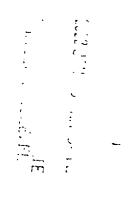
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Office Use Only



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A. BUTLER JAN 20 2022

## **COVER LETTER**

TO:

Registration Section

Division of Co	rporations				
	LY TOUCH TRANSPORTAT	ON SERVICES LLC			
SUBJECT:	Name of Lin	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	ROY MILDNER				
	-	Name of Person			
	MILDNER & ASSOCIAT	ES. P.A.	Telephone Number  S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
		Firm/Company			
	423 DELAWARE AVENUE				
	FT. PIERCE, FL 34950				
		·			
	,	ail.com to be used for future annual report no			
For further information c	e-mail address: (	·	attreation)		
ROY MILDNER		772 464-8008			
Name of Person		at (	at ( )		
Name c	or rerson	Area Code Dayu	the Telephone Number		
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy		
Mailing Address		Street Address:	ection		
Registration Section Division of Corporations			Registration Section Division of Corporations		
P.O. Box 632	.7	The Centre of	Tallahassee		
Tallahassee,	FL 32314	2415 N. Monr	oe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HEAVENLY TOUCH TRANSPORTATION SERVICES LLC

(A Florida Limited L	iny as it now appears on our records.) Liability Company)	- 1		
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000041446</u> .	were filed on FEBRUARY 4, 2020 and	assigned [		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation	"L.L.C."		
Enter new principal offices address, if applicable:	5808 PINETREE DRIVE			
(Principal office address MUST BE A STREET ADDRESS)	FORT PIERCE, FL 34982			
	5808 PINETREE DRIVE			
Enter new mailing address, if applicable:	FORT PIERCE, FL 34982	<del></del>		
(Mailing address MAY BE A POST OFFICE BOX)		<del></del>		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	address on our records, enter the name of the	new registered		
Her Registered Stitle / Idasess.	Enter Florida street address			
	, Florida			
, Florida				
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent and agre	City Zip Co			

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>	Name	Address	Type of Action
AMBR	PATRICK A. HILBURN	1107 SOUTHERN AVE	□ Add
		FORT PIERCE, FL 34950	■Remove
			□Change
AMBR JASON O. HARRIS	JASON O. HARRIS	5808 PINETREE DRIVE	<b>=</b> Add
		FORT PIERCE, FL 34982	□Remove
			□Change
	· <del>•</del> · · · · · · · · · · · · · · · · · · ·		□Add
			□Remove
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fective date, if other than the neffective date is listed, the date in	e date of filing:		(optic	onal)
n effective date is listed, the date mote: If the date inserted in this b	ust be specific and cannot look does not meet the	be prior to date of filing of applicable statutory is	or more than 90 days after filing requirements, this	filing.) Pursuant to 605.020' date will not be listed as
cument's effective date on the l	Department of State's r	ecords.	•	
ecord specifies a delayed effecti is filed.	ve date, but not an effe	ctive time, at 12:01 a.	.m. on the earlier of: (b	) The 90th day after the
is mou.				
NOVEMBER 9	202 i			
	, ,			
th		or authorized represents		
		AT ASSESSMENT FARSESSMENTS	AT 6 PAGE BAS	
(	Signature of a member	or authorized represent	anve or a member	

Filing Fee: \$25.00