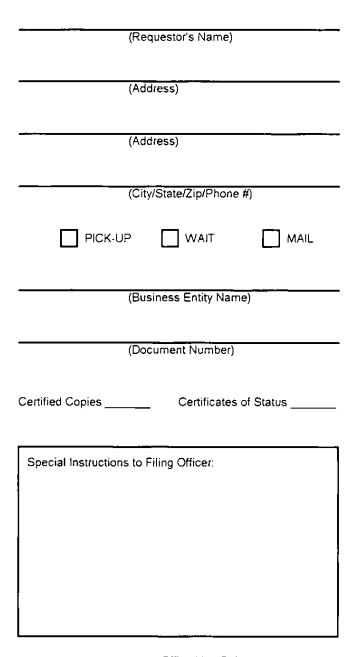
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SECRETARY OF STATE

COVER LETTER

TO: Registration Se Division of Cor		• .	± • •
Heaven's Fu	ıll LLC		•
SUBJECT: *	Name of Lim	ited Liability Company	<u>.</u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Antony Lesesne		
		Name of Person	
	HF Transit LLC		
		Firm/Company	
	9160 Forum Corporate Pk	wy suit 350 #1521	
		Address	·
	Fort Myers, FL 33905		
		City/State and Zip Code	
	info@hftransit.com	to be used for future annual report notifi-	cation)
For further information co	oncerning this matter, please c	•	,
Antony Lesesne		239 206-1236 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne 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 Addres		Street Address: Registration Sect	tion
Registration Section Division of Corporations		Division of Corporations	

P.O. Box 6327 Tallahassee, FL 32314 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

HEAVEN'S FULL LLC			
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our records nited Liability Company)	<u>.</u>)	
he Articles of Organization for this Limited Liability Com	pany were filed on	and assig	gned
lorida document number L20000122895			
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited	liability company here:		
F Transit LLC			
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC"	or the abbreviation "L.L	.C."
nter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRES	<u> </u>		
		ω ⊵	
nter new mailing address, if applicable:		2024 APR	
Mailing address MAY BE A POST OFFICE BOX)		P	<u>n</u>
		ARX HAS	_
		PH SSE SSE	П
. If amending the registered agent and/or registered of	fice address on our records, <u>enter t</u>	he frame of the new	regis
gent and/or the new registered office address here:		: 25 FATE	
		μ. Ο.	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Flo	rida	
	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 added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Remove
			Remove
			Change
			□Add
			□Remove
			Change
			□Remove
	————————————————————————————————————		Change
			□Add
			□Remove
			Change

Page 2 of 3

ainei	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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n effe <u>ste:</u> l	ve date, if other than the date of filing:
reco	and specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier 6 00th day after the record is filed.
ted_	04/19/2024
	Signature of a member or authorized representative of a member
	Antony Lesesne
	Typed or printed name of signee