h21 000366624

(Re	questor's Name)
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Pho	ne #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Na	ame)
(Do	ocument Numbe	r)
Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	
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		9/23/21
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COVER LETTER

TO: Registration Se Division of Cor			
	ENS TRANSPORTATION LI	.C	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Nwens Mosilme		
		Name of Person	
	The Heavens Transportation	on LLC	
		Firm/Company	
	2274 SW GABLES AVE		: •
		Address	
	PORT ST LUCIE, FL 349	53	
		City/State and Zip Code	
	cleardreams20@gmail.com	to be used for future annual report notif	
For further information c	re-man address; (concerning this matter, please c	·	ncanoni
NWENS MOSILME		908 2677273	
Name o	d Person	Area Code Daytime	e Telephone Number
Enclosed is a check for t	he 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 !		Registration Sec	
Division of C P.O. Box 632	•	Division of Cor The Centre of T	
Tallahassee,			e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF THE PROPERTY OF T **OF**

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THE HEAVENS TRANSPORTATION LLC

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

(A Florida Limited I	Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L21000366624}{L21000366624}$.	were filed on August 15, 2021 and assigned
This amendment is submitted to amend the following:	•
A. If amending name, enter the new name of the limited liab	<u>ility company here</u> :
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2274 SW GABLES AVE
(Principal office address MUST BE A STREET ADDRESS)	PORT ST LUCIE, FL 34953
Enter new mailing address, if applicable:	2274 SW GABLES AVE
(Mailing address MAY BE A POST OFFICE BOX)	PORT ST LUCIE, FL 34953
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:	Enter Florida street address
	, Florida City Zip Code
	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

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Title	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	NWENS MOSILME	2274 SW GABLES AVE	□Add
		PORT ST LUCIE, FL 34953	□Remove
			□Change
			□Add
			□Remove
			□Change
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			□Remove
			□Change

ELFA SW CHIDELS AVE, FOR	RT ST LUCIE FL 34953 (Address Need SW)	1 Str III
A DEFICIENT ADVISAGE A MAGI		
	LME, Instead of MOSILME N NWENS.	
NWENS MOSILME		
2274 SW GABLES AVE		
PORT ST LUCIE, FL 34953		
ARTICLE IV- Title: AMBR		
NWENS MOSILME		÷
2274 SW GABLES AVE		
PORT ST LUCIE, FL 34953		
	 	
	be specific and cannot be prior to date of filing or more k does not meet the applicable statutory filing	
		•
ord specifies a delayed effective filed.	date, but not an effective time, at 12:01 a.m. or	n the earlier of: (b) The 90th day after the
SEPTEMBER 6	. 2021	
	1 70-11	

Filing Fee: \$25.00