

h21 000366624

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

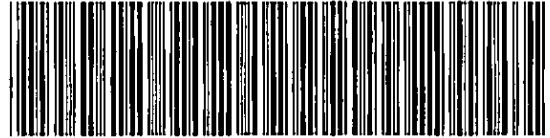
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21 SEP 10 PM 1:42

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** The HEAVENS TRANSPORTATION LLC

\_\_\_\_\_  
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:

Nwens Mosilme

\_\_\_\_\_  
Name of Person

The Heavens Transportation LLC

\_\_\_\_\_  
Firm/Company

2274 SW GABLES AVE

\_\_\_\_\_  
Address

PORT ST LUCIE, FL 34953

\_\_\_\_\_  
City/State and Zip Code

cleardreams20@gmail.com

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

For further information concerning this matter, please call:

NWENS MOSILME

908

2677273

at ( )

\_\_\_\_\_  
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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

**If Changing Registered Agent, Signature of New Registered Agent**

**MGR = Manager**  
**AMBR = Authorized Member**

[illegible]

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

2274 SW GABLES AVE, PORT ST LUCIE FL 34953 (Address Need SW)

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ARTICLE III: NWENS MOSILME, 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

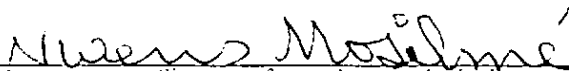
**E. Effective date, if other than the date of filing: AUGUST 16, 2021 (optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated SEPTEMBER 6 2021



Signature of a member or authorized representative of a member

NWENS MOSILME

Typed or printed name of signee