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T. MATTHEWS NOV 10 2027

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Elinet Figueroa		
		Name of Person	
	New Heights Transport LL	.C	
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	6345 w 27th ln #106-14		
		Address	
	Hialeah FL, 33016		
		City/State and Zip Code	
	NewHeightsTransport@out	look.com	
	E-mail address: (to be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca	all:	
Elinet Figueroa		786 606-6990 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	S30.00 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 S Division of C P.O. Box 632 Tallahassee, S	Section Corporations 17	Street Address: Registration Sec Division of Corp The Centre of To 2415 N. Monroe Tallahassee, FL	porations allahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION: 1 PM 3: 19 OF

New Heights Transport LLC	
(<u>Name of the Limited Lial</u> (A Flor	bility Company as it now appears on our records.) rida Limited Liability Company)
-	y Company were filed on September 16, 2021 and assigned
Florida document number L21000410214	·
This amendment is submitted to amend the following	;
A. If amending name, enter the new name of the li	imited liability company here:
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET AD	DRESS)
Enter new mailing address, if applicable:	
Mailing address MAY B <u>E A POST OFFICE BOX)</u>	
	· · · · · · · · · · · · · · · · · · ·
3. If amending the registered agent and/or registe agent and/or the new registered office address her	ered office address on our records, <u>enter the name of the new regis</u> e:
Name of New Registered Agent:	
New Registered Office Address:	Francisco de la constanta de l
	Enter Florida street address
	, Florida
	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 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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Ε.					

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Leonel Figueroa	6345 w 27th In #106-14 Hialeah FL 33016	= Add
			□Remove
			□Change
			□ Add
			□Remove
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-	
Effective date if other than the date of filing:	(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
Note: If the date inserted in this block does not meet the document's effective date on the Department of State's r	e applicable statutory filing requirements, this date will not be listed as t records
document 5 effective date on the opportunition of older to	~
	of the contraction of the contra
the record specifies a delayed effective date, but not an effector is filed.	ective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated October 25th 2021	1
Dated	·
for the same of th)
Signature of a number	or authorized representative of a member
	·
Elinet Figueroa	

DU: D 00000