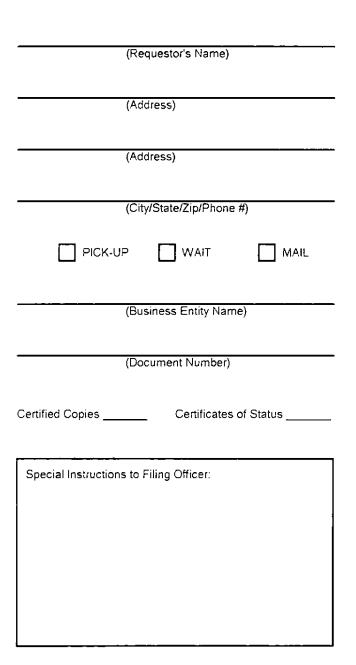
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Office Use Only



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COVER LETTER

TO:

Registration Section

Division of Corporations			
	eavenly Rentals LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Article	es of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corr	respondence concerning this matter	to the following:	
	Darius Augustin		
		Name of Person	
	The Heavenly Rentals LLC	/ Heavenly Made Logistics LLC	
		Firm/Company	
	2114 N Flamingo Road #8	14	
		Address	
	Pembroke Pines, FL 33028		
		City/State and Zip Code	
	dariusaugustin4@gmail.com	1	
	E-mail address: (I	o be used for future annual report noti	fication)
For further informati	ion concerning this matter, please ca	ılı:	
Darius Augustin		305 409-0924	
Na	ime of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check t	for the following amount:		
≡ \$25.00 Filing Fe	ee \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fec, Certificate of Status & Certified Copy (additional copy is enclosed)
Division of P.O. Box	on Section of Corporations	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro	porations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Heavenly Rentals LLC		
(<u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on our records.) mited Liability Company)	
he Articles of Organization for this Limited Liability Con	npany were filed on	and assigned
lorida document number L23000444804		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	d liability company here:	
eavenly Made Logistics LLC		
te 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:		
, , , , , , , , , , , , , , , , , , , ,		
rincipal office address MUST BE A STREET ADDRES	53)	
		262
		<u></u>
iter new mailing address, if applicable:		2024 IIAR
		(3) i
failing address MAY BE A POST OFFICE BOX)		<u></u>
		
		<u></u>
If amending the registered agent and/or registered or the new registered office address here:	effice address on our records, enter the	e name of the new registe
ent and/or the new registered office address here.		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Floric	da
	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
MGR	Jennie Thach	2114 N Flamingo Road #815	= Add
		Pembroke Pines, FL 33028	□ Remove
			□Change
		·	□ Remove
			Change
			□Add
			□Remove
			☐ Change
			□Add
			Remove
			Change
			□Add
			□Remove
			□Add
			□Remove
			□ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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ote:	ive date, if other than the date of filing:
recor I is fi	rd 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 led.
ated	
	Signature of a member or authorized representative of a member
	Darius Augustin

•

Filing Fee: \$25.00