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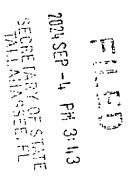
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COVER LETTER

TO: Registration Division of C		
SUBJECT:	Rame of Limited Liability Company	
The enclosed Articles	of Amendment and fee(s) are submitted for filing.	
Please return all corres	pondence concerning this matter to the following:	
	TSOOC HUCKE Name of Person	
	part Heart Trunsart 11C Firm/Company	
	JO77 Keel way Address	
	KISSIMMEE FL 34744	
	Purple heart transport IIC @ Hotnail. com E-mail address: (to be used for future annual report notification)	
For further information	a concerning this matter, please call:	
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: TSCAC HACKE Name of Person Partic Heart Traspert IIC Pirm/Company Address KISSIMMEE FL 34744 City/State and Zip Code		
Enclosed is a check for	the following amount:	
□ \$25.00 Filing Fee	Certificate of Status Certified Copy Certificate of Statu (additional copy is enclosed) Certified Copy	

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Posple Heart Truns (Name of the Limited Liability C) (A Florida Lim	port LLC
(A Florida Lim	ited Liability Company)
The Articles of Organization for this Limited Liability Comp	pany were filed on <u>TUNC 10, 3034</u> and assigned
Florida document number <u>424000280 788</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	liability company here:
The new name must be distinguishable and contain the words "Limited I	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 ADDRESS	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	fice address on our records, enter the name of the new registered
agent and/or the new registered office address here:	
N CN P : 14	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	rnier riorida street dadress
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Ag	<u>ent:</u>

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
M6R	Isour Huche	2077 Keel way Kissimmee FL 34744	ta⁄Add
		Kissimmec FL 34744	□Remove
			□Change
MGR_	Noliber Coccres	,	
		Kissimple FL 34744	ERemove
		-	□Change
		ين آمير آمير	DAdd T
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ffective date, if other than the date of filing: (optional)	OE 0307
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 ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be be	
ocument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day at is filed.	fter the
ated Airgost 30. 3024	
Signature of a member or authorized representative of a member	
NOLIBER CACELES Typed or printed name of signee	