N15000006214

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COVER LETTER

TO: Amendment Section Division of Corporations

NEW HEIGHTS	MIDDLE EAST, INC.		
NAME OF CORPORATION:			.
N15000006214			
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are	submitted for filing.		
Please return all correspondence concerning this n	natter to the following:		
MATTHEW CHILDERS			
	(Name of Contact Person))	
NEW HEIGHTS MIDDLE EAST, INC.			
	(Firm/ Company)		
591 EVERNIA ST., APT. 1411			
	(Address)		
WEST PALM BEACH, FL 33401			
	(City/ State and Zip Code)	
MATTHEWCHILDERS@NEW-HEIGHTS.ME			
E-mail address: (to be	ised for future annual report n	otificatio	n)
For further information concerning this matter, plo	ase call:		
MATTHEW CHILDERS		0)	704-8920
	at		
(Name of Contact Per	son) (Are	ea Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made	e payable to the Florida Depa	rtment of	State:
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of Stat		Certif Certif (Addi	0 Filing Fee ficate of Status fied Copy tional Copy is osed)
Mailing Address Amendment Section		Address ment Sect	ion

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

NEW HEIGHTS MIDDLE EAST, INC.

(Name of Corporation as currently filed with the Florida I N15000006214	Dept. of State)	
(Document Numb	er of Corporation (if kno-	wn)
Pursuant to the provisions of section 617,1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this <i>Florida Not For I</i>	Profit Corporation adopts the following
A. If amending name, enter the new name of the corporat	ion:	
		The new
name must be distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name.	tion" or "incorporated"	
		10.
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	EP
		1,
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
D. If amending the registered agent and/or registered offi	a addrage in Florida, or	nton the name of the
new registered agent and/or the new registered office a		nei die name of the
Name of New Registered Agent:		
New Registered Office Address:	(Flori	da street address)
tien Registered Office Address.		
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa		e obligations of the position.
	anature of New Registers	ad Amout if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	PT John Do V Mike Jo SV Sally Sr	<u>ones</u>	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
Change X Add	<u>D</u>	CHRIS MARTIN	591 EVERNIA ST., APT. 1411 WEST PALM BEACH, FL 33401
Remove			
2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addir (attach additional shee		icles, enter change(s) here: (Be specific)	

	
	
The date of each amendment(s) adoption:date this document was signed.	, if other than the
08/01/2021	
Effective date if applicable: (no more than 90 days after amendmen	(tile date)
Note: If the date inserted in this block does not meet the applicable statutory filin	g requirements, this date will not be listed as the

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.

Adoption of Amendment(s) (CHECK ONE)

■ The amendment(s) was/were adopted by the members and the number of votes east for the amendment(s) was/were sufficient for approval.

here are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
Dated
Signature
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
MATTHEN LHILDERS
(Typed or printed name of person signing)
President
(Title of person signing)