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COVER LETTER

TO:	Registration Sec Division of Corp			
		nsport LLC		
SUBJE	ECT:	Name of Lim	ited Liability Company	
The en	closed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspor	ndence concerning this matter	to the following:	
		Romina G Francucc	i	
			Name of Person	
		E&P Transport LLC		
			Firm/Company	
		6075 Birch Tree Terr	race	
			Address	•
		Lakeworth, FI 33467	7	
		eptransport81@yaho	City/State and Zip Code	
		E-mail address: (to be used for future annual report notific	cation)
For fur	ther information co	oncerning this matter, please ca	all:	
Rom	ina G Francuc	ci	305 8151337	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclos	ed is a check for th	c following amount:		
\$2.	5.00 Filing Fec	□ \$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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO ARTICLES OF ORGANIZATION OF

E&P Transport LLC			
(<u>Name of the Lim</u>	ited Liability Company as (A Florida Limited Liabili	it now appears on our records.) ty Company)	
The Articles of Organization for this Limited I L13000016359 Florida document number	•	01/31/2013	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability	company here:	
The new name must be distinguishable and end with the	e words "Limited Liability C	Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	· · · · · · · · · · · · · · · · · · ·	
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:	l/or registered office		nter the name of the n
	6075 Birch Tree	Terrace	
New Registered Office Address:		Enter Florida street address	
	Lakeworth, Fl	. Floric	33467 -
		City	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:	yme -	ラーキ 第一等
I hereby accept the appointment as register	ed agent and agree to	act in this capacity. I further	er agree to comply with

If Changing Registered Agent, Signature of New Registered Agent

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.

Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Emilio Giro	6075 Birch Tree Terrace	■ Add
		Lakeworth, Fl 33467	☐ Remove
			□ Remove
			□ Remove
			□ Add
			Remove
			Add Remove
			Add
			Remove

Adding Romin	·
manager of co	ompany.
·····	
ffective date, if other	r than the date of filing: (optional)
بالما المحمد والمام والمتعارض والمتع	manifer assert be asserted at a foresent on that date and assert be many than 00 days of a
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the date this document is find June 16	specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after ided by the Florida Department of State) 2014 Signature of a member or authorized representative of a member
the date this document is fi	specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after led by the Florida Department of State) 2014

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Filing Fee: \$25.00