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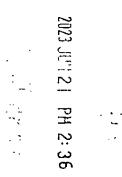
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COVER LETTER

Registration Section TO: Division of Corporations

	7 TRANSPORT LLC				
SUBJECT:	Name of Limi	ited Liability Company	2023 JUN 2 PI		
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please teturn all correspondence concerning this matter to the following:					
	Alvin Orellana		2: 36		
		Name of Person	on		
Firm/Company					
	2941 NW 214 STREET				
Address					
MIAMI GARDENS, FL 33056					
City/State and Zip Code aljr22@icloud.com					
		to be used for future annual report notific	cation)		
For further information e	oncerning this matter, please ca	all:			
Alvin Orellana		305 586-8849 at ()			
Name o	f Person	Area Code Daytime	Telephone Number		
Enclosed is a check for th	ne following amount:				
■ \$25.00 Filing Fee	☐ \$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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

1.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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ROUTE 777 TRANSPORT LLC		2
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)	<u>.</u> 2: 36
The Articles of Organization for this Limited Liability Company Florida document number L21000412808	were filed on <u>03/15/2022</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liah</u>	oility company here:	
INVESTMENTS EPL LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2941 NW 214 STREET	
Principal office address MUST BE A STREET ADDRESS)	MIAMI GARDENS, FL, 33056	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the r</u>	name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	EM a salada	
····	, Florida	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

<u>Title</u>	<u>Name</u>	<u>Address</u>		Type of Action
				□Add
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Typed or printed name of signee