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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

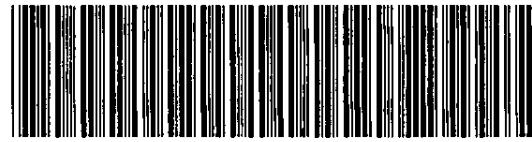
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## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

**Capital Motrix, LLC**

SUBJECT: Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Henry Melgarejo

Name of Person

CPA Express

Firm/Company

17971 Biscayne Blvd Ste. 201

Address

Aventura, FL 33160

City/State and Zip Code

hmelgarejo@cpaexpress.com

E-mail address. (to be used for future annual report notification)

For further information concerning this matter, please call:

Henry Melgarejo

Name of Person

305 933-9590

at (

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

<input checked="" type="checkbox"/> \$25.00 Filing Fee	<input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status	<input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<input type="checkbox"/> \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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**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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Capital Motrix, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/18/2013 and assigned  
Florida document number L13000025919

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

9599 Park Lane

(Principal office address MUST BE A STREET ADDRESS)

Plantation, Florida 33324

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

\_\_\_\_\_

New Registered Office Address:

\_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_

*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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MCRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	<u>Rocio G Ribalta</u>	<u>700 E. COCO PLUM CIRCLE, #7</u>	<input type="checkbox"/> Add
		<u>PLANTATION, FL 33324</u>	<input checked="" type="checkbox"/> Remove

MGR	<u>Rocio Ribalta</u>	<u>9599 Park Lane</u>	<input checked="" type="checkbox"/> Add
		<u>Plantation, Florida 33324</u>	<input type="checkbox"/> Remove

MCRM	<u>MANUEL G RUIZ</u>	<u>700 E. COCO PLUM CIRCLE, #7</u>	<input type="checkbox"/> Add
		<u>PLANTATION, FL 33324</u>	<input checked="" type="checkbox"/> Remove

MCRM	<u>MANUEL G RUIZ</u>	<u>9599 Park Lane</u>	<input checked="" type="checkbox"/> Add
		<u>Plantation, Florida 33324</u>	<input type="checkbox"/> Remove

Add  
 Remove

Add  
 Remove

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**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)**

Dated

03/08/2013

Signature of a member or authorized representative of a member

Manuel G. Ruiz

Typed or printed name of signee

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**Filing Fee: \$25.00**