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J. SAULSBERRY EXAMINER

JUL 19 2013

COVER LETTER

Registration Section TO: **Division of Corporations** Broker-Builder, LLC 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: Harrison Samitas Name of Person Motivest, LLC Firm/Company 12001 RESEARCH PKW Address Orlando, FL 32826 City/State and Zip Code info@motivest.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Harrison Samitas

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the 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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Broker-Builder, LLC					
(<u>Name of the Limited L</u> (A F	ability Compa lorida Limited I	ny as it now appears on ou Liability Company)	ır records.)		
The Articles of Organization for this Limited Liab	oility Company	were filed on 5/24/201	3	_ and as	signed
norida document number	· · · · · · · · · · · · · · · · · · ·				
This amendment is submitted to amend the follow	ing:				
A. If amending name, enter the new name of t	he limited liab	ility company here:			
Motivest, LLC					
The new name must be distinguishable and end with the L.L.C."	he words "Limi	ited Liability Company," the	e designation "LL	C" or the	abbreviatio
Enter new principal offices address, if applicab	le:	12001 RESEARC	H PKWY	إيال	****
Principal office address MUST BE A STREET	ADDRESS)	Suite 236			a Madagan Managa
		Orlando, FL 32826	<u> </u>	<u>⊅>-</u>	Į T
			- : - : - :	λò	PH No.
Enter new mailing address, if applicable:		12001 RESEARC	H PKWY	50	<u>.</u>
(Mailing address MAY BE A POST OFFICE BOX)		Suite 236			
		Orlando, FL 32826	3		
B. If amending the registered agent and/or registered agent and/or the new registered office	registered of e address her	ffice address on our rec e:	cords, <u>enter the</u>	e name	of the nev
Name of New Registered Agent:	Harrison Sa	amitas			
New Registered Office Address:	12001 Res	earch Pkwy			
		Enter Flo	rida street addre	SS	
	Orlando		_, Florida <u>328</u>	26	
		City		Zip Cod	le
New Registered Agent's Signature, if changing Re	gistered Agent:	<u>.</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 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 = Ma MGRM = M	nager Ianaging Member	ger naging Member		
<u>Title</u>	Name	Address	Type of Action	
			Add	
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l'amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
<u></u>	
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	Homin Anjust
	Signature of a member or authorized representative of a member
	Harrison Samitas
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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