

L14000128300

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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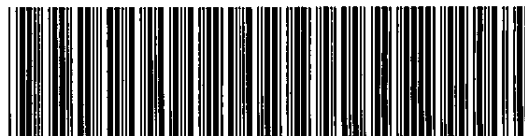
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS

O SIMMONS
NOV 28 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Motiontronix, 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:

Carolina Rojas

Name of Person

Motiontronix, LLC

Firm/Company

1746 E. Silver Star Road, Suite 168

Address

Ocoee, FL 34761

City/State and Zip Code

poly2320042@gmail.com

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

For further information concerning this matter, please call:

Carolina Rojas

407 948-9548

at ()

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**

Motiontronix, 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 August 15, 2014 and assigned
Florida document number L14000128300.

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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: Carolina Rojas

New Registered Office Address: 1746 E. Silver Star Rd, Suite 168

Enter Florida street address

Ocoee, Florida 34761
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 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 Changing Registered Agent, Signature of New Registered Agent

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>	<u>Type of Action</u>
MGR	Maria E. Valero	1746 E. Silver Star Rd ,Suite 168	☐ Add
		Ocoee, FL 34761	☒ Remove
			☐ Change
MGR	Carolina M. Rojas	1746 E. Silver Star Rd, Suite 168	☒ Add
		Ocoee, FL 34761	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
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☐ Add
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☐ Add

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DIVISION OF CORRECTIONS

16 NOV 23 PM 3150
DIVISION OF CORPORATION

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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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated _____, _____

~~Signature of a member or authorized representative of a member~~

Carolina Rojas

Typed or printed name of signee