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## **COVER LETTER**

CAPITA	NL EXCHANGE FL LLC		
SUBJECT:	Name of Limit	ted Liability Company	<del></del>
The enclosed Articles	of Amendment and fee(s) are subn	nitted for filing.	
Please return all corre	spondence concerning this matter t	o the following:	
	Nicole Helton		
		Name of Person	
		Firm/Company	
	7194 Prudencia Drive		
		Address	
	Lake Worth, FL 33463		
		City/State and Zip Code	
	capitalexchangellc@gmai		
	E-mail address: (t	to be used for future annual report notific	cation)
for further informatio	n concerning this matter, please ca	all:	
Nicole Helton		954 821.1412 at ( )	
Nam	e of Person	Area Code Daytime	Telephone Number
Enclosed is a check fo	r 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:

TO:

Registration Section Division of Corporations

> 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 **ARTICLES OF ORGANIZATION OF**

## CAPITAL EXCHANGE ELLIC

CAPITAL EXCHANGE FL LLC		
(Name of the Limited Liability Company as (A Florida Limited Liability)	it now appears on our records.) ity Company)	
The Articles of Organization for this Limited Liability Company were Florida document number		nd assigned
The new name must be distinguishable and contain the words "Limited Liability Co	ompany," the designation "LLC" or the abbrevia	tion "L.L.C."
	_	<b>-</b>
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  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)		
(Principal office address MUST BE A STREET ADDRESS)		
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Enter new mailing address, if applicable:		<del></del>
Mutang address MAT Bell 1 001 011	-	
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, enter the	name of the new
New Registered Office Address:	Enter Florida street address	
	, Florida	ip Code
	City	•
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete perjaccept the obligations of my position as registered agent as provbeing filed to merely reflect a change in the registered office add company has been notified in writing of this change.	ided for in Chapter 605. F.S. Or, if the	his document is

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

Title	Name	Address	Type of Action
MGR	Nicole Helton	7194 Prudenica Drive	
		Lake Worth, FL 33463	□ Remove
MGR Je.	Jeannine Gurian	4015 Palm Aire Drive West	D Add
		#1002	□ Remove
		Pompano Beach, FL 33069	☐ Change
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ffective date, if other than the	date of filing:			(0	ptional)	) D	+- <b>- 6</b> 05
Hective date, if other than the in effective date is listed, the date mu ote: If the date inserted in this b			date of filing or m le statutory filing	ore than 90 days a g requirements,	this dat	e will no	t be list
ote: If the date inserted in this occurrent's effective date on the I	epartment of Stat	te's records.					
record specifies a delaye	d effective dat	te, but not	an effective (	ime, at 12:0	)1 a.m	. on th	e earl
The 90th day after the rec	ord is filed.						
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00