

LD7000041147

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

N. Ouligan AUG 14 2012

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Church Street Capital Advisors, 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:

Kevin A. Tuttle

Name of Person

Tesseract Asset Management, LLC

Firm/Company

189 S. Orange Ave, Suite 1510 S.

Address

Orlando, FL 32801

City/State and Zip Code

kat@tamportfolios.com

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

For further information concerning this matter, please call:

Kevin A. Tuttle

Name of Person

at (407)

514-1209

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 14, 2012

KEVIN A. TUTTLE
TESSERACT ASSET MANAGEMENT, LLC
189 S. ORANGE AVE., SUITE 1510 S.
ORLANDO, FL 32801

SUBJECT: TAM PORTFOLIOS, LLC
Ref. Number: W12000042356

We have received your document for TAM PORTFOLIOS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

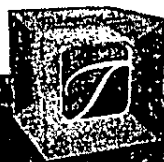
The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan
Regulatory Specialist II

Letter Number: 912A00020937



TESSERACT ASSET MANAGEMENT

EMPOWERING INVESTORS THROUGH INNOVATION

TRANSPARENCY • COMMUNICATION • EDUCATION

September 24, 2012

Neysa Culligan
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SUBJECT: TAM Portfolios, LLC
Ref. Number: W12000042356

Dear Neysa Culligan,

Please allow this letter to stand as a formal request to continue with the change of name of Church Street Capital Advisors, LLC to TAM Portfolios, LLC. We have no intent to reverse the request for dissolution previously submitted for TAM Portfolios, and are in fact responsible for both companies.

Should you have any questions, or if we can provide you with any further information, please do not hesitate to let us know.

Sincerely,

Kevin A. Tuttle, CEO
Tesseract Asset Management



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

Church Street Capital Advisors, LLC

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

FILED

12 SEP 24 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 04/17/2007 and assigned
Florida document number L07000041147.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

TAM Portfolios, LLC

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:

(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:

New Registered Office Address:

Enter Florida street address

_____, Florida _____

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

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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

Dated August 06, 2012

Signature of a member or authorized representative of a member

Kevin A. Tuttle

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA