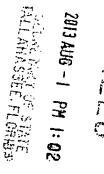
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### **COVER LETTER**

TO:

Registration Section Division of Corporations

TAM PORTFOLIOS 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:

# ANTHONY FREZZA

Name of Person

TESSERACT ASSET MANAGEMENT LLC

Firm/Company

189 S ORANGE AVE STE 1510 S

Address

ORLANDO, FL 32801

City/State and Zip Code

TONY@AAIFINANCIAL.COM

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

For further information concerning this matter, please call:

# **ANTHONY FREZZA**

407<sub>59</sub>5-2084

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

### TAM PORTFOLIOS LLC

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

(F	r i forda Emited Etablity Company)	
The Articles of Organization for this Limited L Florida document number <u>L07000041147</u>	iability Company were filed on 04/17/2007	and assigned
This amendment is submitted to amend the foll	owing:	
A. If amending name, enter the new name of	f the limited liability company here:	
The new name must be distinguishable and end wi "L.L.C."	th the words "Limited Liability Company," the de-	
Enter new principal offices address, if applic	able:	<b>2013</b> 동신년
(Principal office address MUST BE A STREE		in E
		63.23 <u></u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	BOX)	## <b>2</b>
B. If amending the registered agent and/ registered agent and/or the new registered o	or registered office address on our record ffice address here:	is, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida	a 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>	Address	Type of Action
MGR	KEVIN A TUTTLE	189 S ORANGE AVE STE 1510	S Add
		ORLANDO, FL 32801	Remove
MGR	JOSH ASHER	189 S ORANGE AVE STE 1510	OS Add
		ORLANDO, FL 32801	Remove
			Remove PH 102 Add
			Remove
			Add
			Add
			<u> </u>

). If amending any other info	ormation, enter change(s) here: (Attach additional sheet	ts, if necessary.)
·		
•		
07/31	, 2013	
	3577	
ANTHONY	Signature of a member or authorized representative of a member of	mber
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00