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EXAMINER



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The way

COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: 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: Tayraj Sindha Name of Person						
The enclosed Articles of Amendment and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Jayraj Sindha Name of Person						
Firm/Company						
West Palm Beach FL 3341)						
City/State and Zip Code E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Name of Person at (
Enclosed is a check for the following amount:						
\$25.00 Filing Fee & S30.00 Filing Fee & Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) 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

OCCO 10 PA 4.03

PORTAL MEDIC	AL CLC	•
(Name of the Limited Liabili (A Florida	ty Company as it now appear	s on our records.)
(A Florida	Difficult Diability Company)	
The Articles of Organization for this Limited Liability	Company were filed on	9 03 200 8 and assigned
Florida document number <u>L 0 8 0000 8 3</u>	9.75	, ,
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here	:
Portal Capital L	LC.	
The new name must be distinguishable and end with the will L.L.C."	ords "Limited Liability Compar	y," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
		<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<u>.</u>	
:		
B. If amending the registered agent and/or regis	stered office address on o	or records, enter the name of the new
registered agent and/or the new registered office add	dress here:	
Name of New Registered Agent:		
Name Descionary 1000 - A 11	•	
New Registered Office Address:	Ent	er Florida street address
	27/10	
 -	Cit	, Florida Zip Code
	City	zip Coae

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 = Ma MGRM = N	nager Ianaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
· ·			Add Remove
	WW		Add Remove
			Add
			Remove
			Add Remove
			. Add
			AddRemove
		age(s) here: (Attach additional sheets, if necess	
		tion. The purpose of the compar	
t	o engage in any and all law	ful business activities.	
			·
Dated	50		
		er or authorized representative of a member	
	Jayraj Type	ed or printed name of signee	<u></u>

Page 2 of 2

Filing Fee: \$25.00