

L09000087428

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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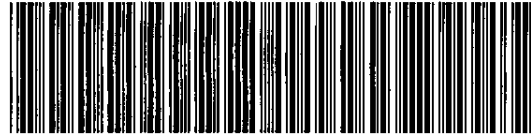
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

D. BRUCE

NOV 17 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Portfolio Consulting Management, 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:

Juan Pablo Constrain
Name of Person
Portfolio Consulting Management, LLC
Firm/Company
9300 Fountainbleu Blvd #306
Address
Miami, FL 33172
City/State and Zip Code
Juanp Constrain @ gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Juan Pablo Constrain at (305) 903-4791
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$15.00 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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

PORTFOLIO CONSULTING MANAGEMENT, 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 March 20, 2009 and assigned Florida document number L09000027428.

This amendment is submitted to amend the following:

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

ASENCOMEX, 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)

562 NW 82nd PL Apt #317
Miami, FL 33126

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

562 NW 82nd PL Apt #317
Miami, FL 33126

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:

562 NW 82nd PL Apt #317
Enter Florida street address
Miami, Florida 33126
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

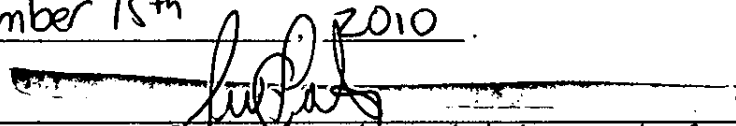
Title	Name	Address	Type of Action
MGRM	Lester Rodriguez	8955 SW 19 th Terr Miami, FL 33157	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Ennio Fonseca	3671 SW 2 nd ST Miami, FL 33133	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Natalie Rodinel	562 NW 82 nd PL #317 Miami, FL 33126	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Luis Courvertier	12043 SW 125 th ST Miami, FL 33186	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Manuel Lopez	10813 NW 53 rd Ln Miami FL 33178	<input type="checkbox"/> Add <input checked="" 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.)

see attached document

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 ALBANY, NEW YORK

Dated November 15th 2010



Signature of a member or authorized representative of a member

Juan P. Constan

Typed or printed name of signee

Attachment # 1.

Please add the following managing members:

Santiago Pardo

562 nw 82nd place apt # 317

Miami, Fl, 33126

Helena Gutierrez

562 nw 82nd place apt # 317

Miami, Fl, 33126

Jairo Silva

562 nw 82nd place apt # 317

Miami, Fl, 33126

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