L09000045052

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	· · · · · · · · · · · · · · · · · · ·
Certified Copies	· Certificates	of Status <u>.</u>
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SECRETARY OF ST IVISION OF CORPOR

T. HAMPTON

DEC 1 4 2009

EXAMINER

COVER LETTER

TO: Registration Division of	Section ' Corporations	•				
SUBJECT:	Portfolio Capi	ital Management, LLC				
3000001.	Name of Lin	nited Liability Company				
The enclosed Articles	of Amendment and fee(s) are su	ubmitted for filing.				
Please return all corre	spondence concerning this matter	er to the following:				
		Jarod Grob				
Name of Person						
	-	Firm/Company				
Boca Raton, FL 33428						
		City/State and Zip Code				
jarodgrob@gmail.com						
	E-mail address:	(to be used for future annual report not	tification)			
For further information	on concerning this matter, please	call:				
	Jarod Grob	at (_561_)*	568-0096			
Nan	ne of Person	Area Code & Dayti	me Telephone Number			
Enclosed is a check for	or 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

RECEIVED

09 DEC 11 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

November 5, 2009

JAROD GROB 12762 TULIPWOOD CIR BOCA RATON, FL 33428

SUBJECT: PORTFOLIO CAPITAL MANAGEMENT, "LLC"

Ref. Number: L09000045052

We have received your document for PORTFOLIO CAPITAL MANAGEMENT,"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):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return the corrected original and one copy of 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) 245-6855.

Letter Number: 909A00034948

Tammy Hampton Regulatory Specialist II Registration/Qualification Section

Division of Corporations - P.O. ROX 6327 Tallahasson Florida 32314

ARTICLES OF AMENDMENT . TO . ARTICLES OF ORGANIZATION OF

Portfol (<u>Name of the Limited</u> (A	io Capital M Liability Compa Florida Limited I	lanagement, L ny as it now appears Liability Company)	on our records.			
The Articles of Organization for this Limited Li Florida document numberL09000045	and assigned					
This amendment is submitted to amend the following	owing:					
A. If amending name, enter the new name of	the limited liab	oility company here	:			
The new name must be distinguishable and end wit "L.L.C."	h the words "Lim	ited Liability Compan	y," the designation "L	LC" or the ab	breviation	
Enter new principal offices address, if applicable:		12762 Tulipwo	ood Circle		<u>ن</u>	
(Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		Boca Raton, F	L 33428	09 DEC	SEPRE	
		12762 Tulipwo		- <u> </u>	FTLED F CORPO	
		Boca Raton, FL 33428		5	STATE	
B. If amending the registered agent and/or registered agent and/or the new registered of Name of New Registered Agent:			ır records, <u>enter tl</u>	he name of	the new	
New Registered Office Address: 12762 Tulipwood Circle						
New Registered Office Address.	Enter Florida street address					
•	В	Boca Raton	, Florida	33428		
		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 **Type of Action** Address **Title** <u>Name</u> Kenneth A. O'Connor **MGRM** 23257 STATE RD 7 SUITE#201A ✓ Remove BOCA RATON FL 33428 US ☐ Add Remove Remove Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member

Typed or printed name of signee
Page 2 of 2

Jarod F. Grob

Filing Fee: \$25.00