

L120000013098

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

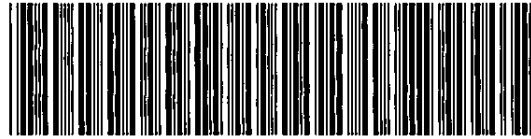
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600240194936

10/01/12--01009--026 **25.00

FILED
12 OCT - 1 PM 1:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan OCT 2 - 2012

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PORTFOLIO MARKETING & EVENTS 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:

TOM SEWELL

Name of Person

HERITAGE ACCOUNTING & TAX SERVICES, INC

Firm/Company

5220 SW 64 AVE

Address

DAVIE, FL. 33314

City/State and Zip Code

tom@heritagetaxservices.com

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

For further information concerning this matter, please call:

Tom Sewell

Name of Person

at (**954**) **797-5060**

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

FILED
12 OCT -1 PM 1:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PORTFOLIO MARKETING & EVENTS 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 01/27/2012 and assigned Florida document number L12000013098.

This amendment is submitted to amend the following:

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

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>
MGRM	SALMAN AHMED	850 E HIGGINS AVE, STE 128 SCHAUMBURG, IL 60173	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	SALMAN AHMED	5220 SW 64 TH AVE DAVIE, FL 33314	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	SEEMA SISSIQVI	5220 SW 64 TH AVE DAVIE, FL 33314	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	SEEMA SIDDIQVI	5220 SW 64 TH AVE DAVIE, FL 33314	<input checked="" 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.)

PLEASE ADD: FEI/EIN NUMBER 45-4363724

FILED:
 12 OCT - 1 PM 1:47
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Dated SEPTEMBER 27, 2012

Tom Sewell

Signature of a member or authorized representative of a member

TOM SEWELL

Typed or printed name of signee