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COVER LETTER

TO:	Registration Se Division of Co			•
SUBJE		apital Management Services L	LC	
SUBJE	C1:	Name of Lin	nited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Linda Swaney		
			Name of Person	
			Firm/Company	
		107 S Meramec		
			Address	
		St Louis Missouri 63105		
			City/State and Zip Code	
		rebuyer@aol.com		·
		E-mail address: (to be used for future annual report no	tification)
For furth	ner information c	oncerning this matter, please ca	all:	
Linda S			314 971-1040 at ()	
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed	d is a check for th	ne 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

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Portfolio Capital Management Services 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 Comp.	any were filed on 12/12/2014	and assigned
Florida document number L14000190013		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	PART TO SERVICE STATE OF THE S	
(Principal office address MUST BE A STREET ADDRESS	<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 registered registered agent and/or the new registered office address l		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		· · · · · · · · · · · · · · · · · · ·
	Enter Florida street address	
		rida Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:	

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Linda Swaney	107 S Meramec	■ Add
		St Louis Missouri 63105	□ Remove
			Change
			Add
			Remove 20 Schange AND Change AND Change
	44444		Add PA
			□ Change
		***************************************	Add
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			,	
ive date, if other than the elective date is listed, the date must	t be specific and cannot be pri	or to date of filing o	or more than 90 days a	ptional) ifter filing.) Pursuant to 605
If the date inserted in this blo sent's effective date on the De	ck does not meet the app epartment of State's recor	licable statutory f ds.	iling requirements,	this date will not be liste
	-			
cord specifies a delayed		not an effectiv	e time, at 12:0	1 a.m. on the earlie
90th day after the reco	ord is filed.			
September 21	2016			
September 21		 •		
2d17, miles	Signature of a member or au			

Page 3 of 3

Filing Fee: \$25.00