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COVER LETTER

TO:	Registration Se Division of Cor	ction porations						
CHIBIE		SPITALITY GROUP LLC						
SUBJE	CI:	Name of Lim	ited Liability Company					
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please r	eturn all correspo	ndence concerning this matter	to the following:					
		SEAN N MEEHAN						
			Name of Person					
			Firm/Company					
		Address						
		MIAMI FL 33109						
		City/State and Zip Code						
		seannmeehan@gmail.com	to be used for future annual report notifi					
For furt	her information c	oncerning this matter, please ca	·	cautony				
SEAN	N MEEHAN		305 343-2737					
	Name o	f Person	Area Code Daytime	Telephone Number				
Enclose	ed is a check for th	ne following amount:						
\$25	5.00 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)				
	MATT	INC ADDRECS.	CTDEPT/COUDIN	TR ADDRESS.				

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

PAIGE HOSPITALITY GROUP LLC						
(Name of the Limited Liability C (A Florida Lim	ompany as it now appears on our records.) mited Liability Company)					
The Articles of Organization for this Limited Liability Completion of Plorida document number <u>L16000073450</u> .	pany were filed on APRIL 13, 2016	and assigned				
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited	liability company here:					
PORTFOLIO ONESOURCE ADVISORS LLC						
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the ab	breviation "L.L.C."				
Enter new principal offices address, if applicable:		<u> </u>				
(Principal office address MUST BE A STREET ADDRES	<u></u>	SE T				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		P 28 PM 2: 23				
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		the name of the new				
Name of New Registered Agent:						
New Registered Office Address:						
	Enter Florida street address					
<u></u>	, 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 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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			□ Change
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Filing Fee: \$25.00