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## **COVER LETTER**

	tration Section of Corpo			
	offshore Mod	lel Portfolio Advisory Compa	any LLC	
SUBJECT: _		Name of Limi	ited Liability Company	
		mendment and fee(s) are sub-		
		Philip Gadala-Maria		
			Name of Person	
		Offshore Model Portfolio	Advisory Company LLC	
			Firm/Company	
		1 Edgewater Dr. Unit 202		2021 SEP 24
			Address	
		Coral Gables, FL 33133		
			City/State and Zip Code	PH 2: 13
		philipgadala@gmail.com	to be used for future annual report notification)	<del>-3</del> <del>-3</del> <del>-3</del>
For further info	ormation con	cerning this matter, please of		, ,
		, p	305 971-1144	
Sandra P Kaya	Name of F	Percon	at () Area Code Daytime Telepho	ne Number
	rvarine of i	cison	That could buy the same two pass	
Enclosed is a c	heck for the	following amount:		
<b>≅ \$</b> 25.00 Fil	ing 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)
Regi Divi P.O.	ng Address: stration Se sion of Co Box 6327 ahassee, FI	ection rporations	Street Address: Registration Section Division of Corporatio The Centre of Tallahas 2415 N. Monroe Street Tallahassee, FL 32303	ssee t, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OFFSHORE MODEL PORTFOLIO ADVISORY			
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our ited Liability Company)	records.)	
The Articles of Organization for this Limited Liability Comp	any were filed on 07/26/2021		_ and assigned
Florida document number L21000337614			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company here:		
OFFSHORE MODEL PORTFOLIO COMPANY LLC			
The new name must be distinguishable and contain the words "Limited I	iability Company," the designatio	n "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS	5)		202
	<del>-</del>		(2) <del>***</del>
	<u> </u>		7
			2
Enter new mailing address, if applicable:		<u> </u>	
Mailing address MAY BE A POST OFFICE BOX			
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B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records,	enter the name o	of the new regist
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida stree	t address	
	Service 1 pur 9000 SH CO		
<del></del>	City	, Florida	Zip Code
	City		any come

## 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 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

Title	Name	Address	Type of Action
			□Add
			□Remove
			Change
			□ Add
			☐ Remove
			P 22 Add TO 2 Remove
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ective date, if other	r than the date of f the date must be specific	08/3/2021	data of filing on more	opti	onal)	manana 4-	ፈለፋ በኃብ