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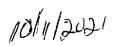
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COVER LETTER

Division of C			
SUBJECT:	Portfolios LLC		
	Name of Limited Lia	bility Company	
he enclosed Articles of	of Amendment and fee(s) are submitted	for filing.	
Please return all corres	pondence concerning this matter to the f	ollowing:	
	Eli Mikel		
		Name of Person	
	Cłockwise Capital LLC		
		Firm/Company	
	3350 SW 195th Ter.		
		Address	· · · · · · · · · · · · · · · · · · ·
	Miramar, FL 33029		
	City/S	State and Zip Code	
	eli@clockwisecapital.com		
		xl for future annual report not	uicauon)
or lurther information	concerning this matter, please call:		
ili Mikel		301 200-2010 at ()	
Name	of Person	Area Code Daytin	e Telephone Number
nclosed 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)
<u>Mailing Addra</u> Registration		Street Address: Registration Se	ction

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Registration Section

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT **ARTICLES OF ORGANIZATION** OF

ProfessorPortfolios LLC			1	
(Name of the Limit	ted Liability Compa (A Florida Limited)	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited L	iability Company	were filed on 09/21/2017	and assigned	
Florida document number M17000008059	 -		 	
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liab	oility company here:		
Clockwise Capital LLC			1	
The new name must be distinguishable and contain the v	words "Limited Liabi	lity Company," the designation "LLC" or the ab	breviation "L.L.C."	
Enter new principal offices address, if applicable:		1395 Brickell Ave. Unit 800		
(Principal office address MUST BE A STREET ADDRESS)		Miami, FL 33131		
Enter new mailing address, if applicable:		1395 Brickell Ave. Unit 800		
(Mailing address MAY BE A POST OFFICE BOX)		Miami, FL 33131		
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our records, <u>enter the nam</u>	e of the new regis	
Name of New Registered Agent:	Eli Mikel		93	
New Registered Office Address:	3350 SW 195th		2	
	Miramar	Enter Florida street address Florida ³³⁰	029	
		City	Zip Code 5	
New Registered Agent's Signature, if changing I	Registered Agent		713	

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
CEO	Eli Mikel	1395 Brickell Ave. Unit 800	⊡Add
		Miami, 17, 33131	□Remove
			■ Change
			□Add
			□Remove
			Change
<u> </u>			□Add
			□Remove
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m offective date is o te: If the date i	other than the dat listed, the date must be userted in this block we date on the Depar	specific and cannot be does not meet the a	applicable statutory f	(option more than 90 days after this iding requirements, this	onal) filing.) Pursuant to 605,020 date will not be listed a
ecord specifies a is filed.	delayed effective da	te, but not an effect	tive time, at 12:01 a.t	m, on the earlier of: (b)	The 90th day after the
09/15 ted		2021			
ica	9			2	
	Sign	nature of a member or	affthorized representat	ive of a member	