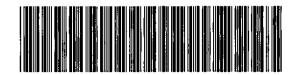
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COVER LETTER

TO: Registration So Division of Con					
SUBJECT: Skilled P	roperty Services LLC	,			
•		ted Liability Company			
	Amendment and fee(s) are sub	-			
	Pamela Blaco				
Name of Person					
Firm/Company					
	3924 Cleveland St				
		Address			
	Hollywood FL 33021				
		City/State and Zip Code			
	pblaco@comcast.net E-mail address: (t	o be used for future annual report notificat	ion)		
For further information c	concerning this matter, please ca	all:			
Pamela Blaco		_{at (} 954 ₎ 383-1693			
Name o	of Person	Area Code & Daytime Te	elephone Number		
Enclosed is a check for the	he 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)		
	ING ADDRESS: ration Section	STREET/COURIER Registration Section	ADDRESS:		

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

Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

- (Name of the Limite		mpany as it now appears on our received Liability Company)	ords.)
the Articles of Organization for this Limited I lorida document number LO900065894	Liability Comp		and assigned
his amendment is submitted to amend the fol	llowing:		
. If amending name, enter the new name	of the limited	liability company here:	
xecutive Results LLC			
he new name must be distinguishable and end w L.L.C."	rith the words "	Limited Liability Company," the designment	gnation "LLC" or the abbrev
nter new principal offices address, if appli	icable:	N/A	
rincipal office address MUST BE A STRE	ET ADDRESS	5)	
			A A A
nter new mailing address, if applicable:		N/A	FILE SEP 30 AHASSE
Mailing address MAY BE A POST OFFICE BOX)			mg - 11
. If amending the registered agent and	lar registered	d office address on our records	DA S
egistered agent and/or the new registered of			, enter the name of the
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		•
		Enter Florida s	treet address
			orida
		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> **Type of Action** N/A Remove Remove ದ Remove Remove Remove

Remove

D. If amo	ending any other informatio	on, enter change(s) here: (Attach additional sheets, if nece	ssary.)
<u> </u>	Returning name to origin	nal LLC, Executive Results LLC	
•	, <u>, , , , , , , , , , , , , , , , , , </u>	West of the second seco	
•			
-		The state of the s	
_			
Dated Se	ptember 12,		
	Jamela Blo	ico	
	Signat	ture of a member or authorized representative of a member	
	Pamela Blaco, MRG		
		Typed or printed name of signee	

Page 3 of 3

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