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(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

11 JAN 18 PM 2:38

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COVER LETTER

TO: - Registration Section
Division of Corporations

SUBJECT: GUARANTEED REALTY SYSTEMS, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

C.B. Williams

Name of Person

GUARANTEED REALTY SYSTEMS, LLC

Firm/Company

8902 N Dale Mabry Suite 101

Address

Tampa FL 33614

City/State and Zip Code

admin@pcrshomes.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

C.B. Williams

Name of Person

at (813)

493-6191

Area Code & Daytime Telephone Number

Enclosed 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)

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

GUARANTEED REALTY SYSTEMS, LLC

Page 1 of 2


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>	<u>Type of Action</u>
MGRM	Christopher B Williams	8902 N Dale Mabry Suite 101 Tampa, FL 33614	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	C.B. Williams	8902 N Dale Mabry Suite 101 Tampa, FL 33614	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated January 13, 2011


Signature of a member or authorized representative of a member

C.B. Williams
Typed or printed name of signee