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	(Re	equestor's Name)	
,	(Ac	ldress)	
	(Ad	ldress)	•
^	(Cit	ty/State/Zip/Phone	e #)
PIC	K-UP	WAIT	MAIL
	(Bu	isiness Entity Nan	ne)
-	(Do	ocument Number)	
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COVER LETTER

	ion Section of Corporations		
SUBJECT:	GUARANTEED	REALTY SYSTEMS, LLO	
5050ECT	· · · · · · · · · · · · · · · · · · ·	nited Liability Company	
The enclosed Artic	les of Amendment and fee(s) are so	ubmitted for filing.	
Please return all co	rrespondence concerning this matte	er to the following:	
		C.B. Williams Name of Person	
		Name of Person	•
	GUARAN'	TEED REALTY SYSTEMS, I	LC
		Firm/Company	
•	890	2 N Dale Mabry Suite 101	·
		Address	
		Tampa FL 33614	
		City/State and Zip Code	
	E-mail address:	dmin@pcrshomes.com (to be used for future annual report notific	cation)
For further informa	tion concerning this matter, please	call:	•
	C.B. Williams	, 912 .	493-6191
N	ame of Person	at (813) Area Code & Daytime	
Enclosed is a check	for the following amount:		
\$25.00 Filing F	ce \$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)
R E P	AILING ADDRESS: egistration Section division of Corporations O. Box 6327 fallahassee, FL 32314	STREET/COURING Registration Section Division of Corpora Clifton Building 2661 Executive Cer	n utions

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	EED REALIT STSTEMS, L					
(Name of the Limited L (A F	iability Company as it now appears on o lorida Limited Liability Company)	ur records.)				
The Articles of Organization for this Limited Liab Florida document number		ary 13, 201	1a	nd assig	gned	
This amendment is submitted to amend the follow	ring:					
A. If amending name, enter the new name of t	he limited liability company here:					
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company," th	ie designation	"LLC" c	or the ab	breviation	ot
Enter new principal offices address, if applicab	ole:					
(Principal office address MUST BE A STREET						
Enter new mailing address, if applicable:						
Enter new maning audress, it applicable: (Mailing address MAY BE A POST OFFICE BO	210					
manning duty ass man BETT to 1 011102 B						
B. If amending the registered agent and/or registered agent and/or the new registered office		cords, enter	the na	me of	the ne	<u> </u>
Name of New Registered Agent:			- 12 <u>12 </u>	<u> </u>	<u> </u>	
New Registered Office Address:			<u> </u>	JANI	791	
	Enter Flo	orida street ad	£	ဆ		
	City	, Florida _		-⊋ Gode		
New Registered Agent's Signature, if changing Re	gistered Agent:			38		
			.7			

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, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = M	lanaging Member		
<u>Title</u>	Name	Address	Type of Action
MGRM	Christopher B Williams	8902 N Dale Mabry Suite 101 Tampa, FL 33614	Add Remove
MGR	C.B. Williams	8902 N Dale Mabry Suite 101 Tampa, FL 33614	Add ☑ Remove
			Add Remove
-			Add Remove
			Add Remove
			Add Remove
D. If amend	ing any other information, enter o	change(s) here: (Attach additional sheets, if necessary.)	_
		·	-
	January 13	2011	
Dated	January 15	2011	
	Signature of a m	ember or authorized representative of a member	
	,	C.B. Williams	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00