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(Re	questor's Name)	
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(Ada	dress)	
(Cit	y/State/Zip/Phone	e #)
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DIVISION OF CORE RATION

COVER LETTER

TO: Registration Division of	Section Corporations			
SUBJECT:		OPTIMO, LLC		
)	(Name of L	imited Liability Company)		
The enclosed Article	s of Amendment and fee(s) are su	bmitted for filing.		
Please return all corr	espondence concerning this matte	er to the following:		
		TRACI CRAIG		
		(Name of Person)		
	ANDERSON BU	ISINESS ADVISORS, PLLC		
		(Firm/Company)		
	20819 72ND A	/ENUE SOUTH, SUITE 110		
		(Address)		2 · D
	KENT, V	VASHINGTON 98032		SECR VISIGN
	(City	/State and Zip Code)		FILE FIARY FOF CO NIC
For further information	on concerning this matter, please	call:		FILED STATE SECRETARY OF STATE OF COMPUTATION OF COMPUTATION .
	TRACI CRAIG	at (800) 70	6-4741	TE 100%
	(Name of Person)	(Area Code & Da	aytime Telephone Nu	mber)
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 enclose	Certificate of Certified Co	

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(OPTIMO, LLC		
į –	(Present Name) (A Florida Limited Liability Company)		
FIRST:	The Articles of Organization were filed on APRIL 14, 2006 and assigned document numberL06000039224		
SECOND:	This amendment is submitted to amend the following:		
·	THE MANAGER SHALL BE CHANGED TO:		
	RESULTS MANAGEMENT GROUP INCORPORATED		
	12995 SOUTH CLEVELAND AVENUE, SUITE 141 # 168, FORT MYERS, Florida	339	07
			. ****
		1 NOT 9002	1151716 038
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Dated	MAY 24 2006	26	7
	· · · · · · · · · · · · · · · · · · ·		
	Signature of a member or authorized representative of a member	_	
	JAMES ST. CYR		
	Typed or printed name of signee	_	,

Filing Fee: \$25.00