L080000966669

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T. HAMPTON

DEC - 2 2008

EXAMINER

COVER LETTER

Division of Co		•	
SUBJECT: Results	Realty of Ocala,LL (Name of Lim	ited Liability Company)	·•
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Kim Mosby		
		(Name of Person)	
	Results Realty of Ocala,	LLC	
		(Firm/Company)	
	2750 E Silver Springs BL	.vd, Suite201	
		(Address)	
	Ocala FL, 34471		
	<u></u>	(City/State and Zip Code)	
For further information of	concerning this matter, please c	all:	
Kim Mosby		at (352) 342-9570	
	of Person)	(Area Code & Daytime Telephone 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)
MAILING ADDRESS:		STREET/COURIER	ADDRESS:

TO:

Registration Section

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Results Realty of Ocala,LLC							
(Name of the Limited	d Liability Compa A Florida Limited I	ny as it now Jiability Com	appears on our r pany)	ecords.)			
The Articles of Organization for this Limited Liability Company were filed on 10/14/2008 Florida document number L08000096669					and assigned		
This amendment is submitted to amend the fol	lowing:						
A. If amending name, enter the new name of	of the limited liab	ility compa	ny here:				
The new name must be distinguishable and end w "L.L.C."	th the words "Limi	ted Liability	Company," the de	esignation "LLC	" or the abb	previation	
Enter new principal offices address, if applicable:		N/A	,		······		
(Principal office address MUST BE A STREET ADDRESS)				<u> </u>			
						-3741	
				新	ובנו		
Enter new mailing address, if applicable:		N/A		S 22	<u>'</u>	#247P	
(Mailing address MAY BE A POST OFFICE	BOX)			<u> </u>		7	
				င်္ကိုပ္ ကြ	<u>~ </u>		
				일 류	22		
B. If amending the registered agent and registered agent and/or the new registered of			s on our recor	ds, <u>enter the</u>	name of	the new	
		_					
Name of New Registered Agent:	N/A						
New Registered Office Address:	N/A				·		
		(Enter Florida street address)					
		Florida					
		(City)		((Zip Code)		
New Registered Agent's Signature, if changing	Registered Agent:						
I hereby accept the appointment as registere the provisions of all statutes relative to the p accept the obligations of my position as reg being filed to merely reflect a change in the company has been notified in writing of this	oroper and comp istered agent as p registered office	lete perfori provided fo	nance of my dut r in Chapter 608	ies, and I am j 8, F.S. Or, if t	familiar w his docum	ith and	

(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>	Address	Type of Action
MGRM	Robert Ellis	2750 E Silver Springs BLvd, Suite201 Ocala FL, 34471	Add Remove
····			Add Remove
			Add Remove
			Add Remove
			Add Remove
	·		Add Remove
	ding any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)	
Dated 11/24		DOB DEC +1 P 2: SEC ETARY OF STA	
	Signature of a member	r or authorized representative of a member	
	Kim Mosby	or printed name of signee	
	ivned	of Diriked hame of Signee	

Page 2 of 2

Filing Fee: \$25.00