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HAPR 21 PM 12: 07

D. BRUCE
APR 2 2 2011
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Rosults Realty TAMPA 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:
Name of Person Treiser Collins Firm/Company
7080 tAMAMITATIE.
For further information concerning this matter, please call: Name of Person Address NAMEL AN TYLIZ City/State and Zip Code ACID AND COLUNN HILL LOW SAN TO SAN TO SAN THE COMMENT OF
For further information concerning this matter, please call:
Name of Person at (279) 649-4900 BE S
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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Or	•		
(Name of the Limited Liability Com (A Florida Limite			<u></u>	
	e	April 7,	2011	
The Articles of Organization for this Limited Liability Compa	any were filed on _	13 (111 /)	and assigned	
Florida document number		•		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited li	iability company	<u>here</u> :		
The new name must be distinguishable and end with the words "L" "L.L.C."	imited Liability Co	mpany," the designat	ion "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			10-14-0 Grand Maria Carlo	
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			APR 21 PM 12: 0	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		n our records, <u>en</u>	Dirin 3	
Name of New Registered Agent:				
New Registered Office Address:				
		Enter Florida street address		
		, Florida		
	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 = M	Ianaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>MR</u>	Maury Dailey	MAPLEY, HA 34119	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
·····			Add Remove
D. If amend	ing any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)
			FII 11 APR 21 FALLATION
 Dated	April 19, 20		LE SIGNET OF THE PROPERTY OF T
	Ch.	r or authorized representative of a member (I) CONA ESG Or printed name of signee	
		Page 2 of 2	

Filing Fee: \$25.00