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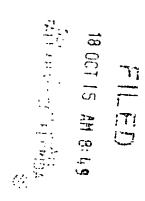
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	Registration Se Division of Cor				
SUBJEC	T:	Results E.	nterprises, LL	<u></u>	
			, canq,		
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please ret	um all correspo	ondence concerning this matter	to the following:		
		Lau	rie A Webster Name of Person		
			Name of Person		
			JextHome All An	nerican	
		43.	o Sunnerhaven	Drive Suite 3	∂ 0∂
			Address		
		<u> </u>	eBary FL 327 City/State and Zip Code	7/3	∂ ⊅∂
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		E-mail address: (sells flogmail. to be used for future annual report notif	ication)	
For further	r information co	oncerning this matter, please ca	all:		
	Laurie	Webster	at (407) 314-1	9898	
	Name of	Person	Area Code Daytime	Telephone Number	
Enclosed is	s a check for the	e following amount:			
	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)	
	MAILI	NG ADDRESS:	STREET/COURIE	ER ADDRESS:	

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 Eng (Name of the Limited Liability Compan (A Florida Limited L	terprises LLC
(Name of the Limited Liability Compar (A Florida Limited L	ny asat now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company of Florida document number	,
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
Laurie Webster, LLC The new name must be distinguishable and contain the words "Limited Liability"	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	430 Summerhaven Drive
(Principal office address MUST BE A STREET ADDRESS)	130 Summerhousen Drive DeBary, FL 32713
Enter new mailing address, if applicable:	430 Summerhaven Drive DeBary, FL 32713
(Mailing address MAY BE A POST OFFICE BOX)	DeBary, FL 32713
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here: Name of New Registered Agent:	ice address on our records, enter the name of the new
New Registered Office Address:	<u> </u>
	Enter Florida street address Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	1/4 De 1
hereby accent the appointment as registered agent and agence	to got in this amounts. I final and the second seco

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member Title Name **Address** Type of Action William L Webster 2831 Wyman Court De Hora, Fl 32738

Rem __ Change MGRM Laurie A. Webster 430 Summerhaven Drive Suite 300 Add DeBary, FL 32713 Remove ☐ Change ☐ Remove ☐ Change ☐ Add □ Remove ☐ Change □ Add

□ Remove

☐ Change

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E. Effecti	ve date, if other the ective date is listed, the d If the date inserted in	tate must be specific this block does n	and cannot be protect the app	olicable statuto	ing or more than 9	(option 00 days after fi ements, this o	ling.) Pursua	nt to 605 t be list	5.020 ed as
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