L000000 7050

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
<u> </u>
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

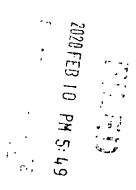
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S TALLENT FEB 1 0 2020



Moderation



January 17, 2020

RAUL RIO 3363 W. COMMERCIAL BLVD., SUITE 202 FT. LAUDERDALE, FL 33309

SUBJECT: RRP, L.L.C.

Ref. Number: L0000007050

We have received your document and check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

THE ATTACHED PRINTOUT SHOWS THE AUTHORIZED PERSON LISTED AS A PRESIDENT. PLEASE AMEND YOUR DOCUMENT ACCORDINGLY.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent Regulatory Specialist II

Letter Number: 720A00001365

Kec 2/10/20

www.sunbiz.org

COVER LETTER

Registration Section

TO:

Division of Cor	porations					
RRP, L.L.C		# · · · ·	•			
OBJECT:	Name of Limi	ted Liability Company				
'he enclosed Articles of	Amendment and fee(s) are sub-	nitted for tiling.				
	ndence concerning this matter t					
·						
	RAUL RIO					
		Name of Person				
		Firm/Company				
	3363 W. COMMERCIAL BLVD., SUITE 202					
		Address	· 			
	FT. LAUDERDALE, FLA	., 33309				
	mia@intervalsantiaing.com	City/State and Zip Code				
	rrio@intervalservicing.com E-mail address: (to be used for future annual report noti	fication)			
For further information e	oncerning this matter, please ca	all:				
RAUL RIO		954 485-5400 at ()				
Name o	f Person	at () Area Code Daytim	ne Telephone Number			
Enclosed is a check for t	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 Addres		Street Address:				
Registration :		-	Registration Section			
Division of C		Division of Corporations The Centre of Tallahassee				
P.O. Box 632 Tallahassee,			ne Street, Suite 810			
i ananassee,	I I. J4J 14	2712 (v. 1910)))(C	A Direct Dane 010			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limit	ed Liability Comp (A Florida Limited	any as it now appear Liability Company)	s on our records.)	
The Articles of Organization for this Limited L Florida document number L00000007050				and assigned
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name o	f the limited liah	oility company he	<u>re</u> :	
N/A				
The new name must be distinguishable and contain the v	ords "Limited Liab	ility Company," the de	esignation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		N/A		
(Principal office address MUST BE A STREE				
				2020
Enter new mailing address, if applicable:		N/A		FEB
(Mailing address MAY BE A POST OFFICE	BOX)			
				P
B. If amending the registered agent and/or agent and/or the new registered office addre	<u>ss here</u> :	address on our re	ecords, <u>enter the</u>	
Name of New Registered Agent:	N/A			
New Registered Office Address:			<u></u> .	
		Enter Flor	rida street address	
			Florid	la
		City		Zip Code
New Registered Agent's Signature, if changing				
I hereby accept the appointment as registered provisions of all statutes relative to the propaccept the obligations of my position as registering filed to merely reflect a change in the	er and complet istered agent as	e performance of provided for in ("my duties, and 1 Chapter 605, F.S	I am familiar with and 5. Or, if this document is

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 . \	<u>Name</u>	<u>Address</u>	Type of Action
Prosident AMBR	LUIS A MEDINA	3363 W. COMMERCIAL BLVD., SUITE 202	□Add
		FORT LAUDERDALE, FL 33309	🛢 Remove
			□Change
MGR	RAUL RIO	3363 W. COMMERCIAL BLVD., SUITE 202	= Add
		FORT LAUDERDALE, FL 33309	□Remove
			□Change
			🗆 Add
			□Remove
			□ Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□ Add
			□Remove
			Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.) N/A
•	
-	
-	
-	
•	
•	
•	
ote:	tive date, if other than the date of filing: [DECEMBER 12TH, 2019] [Goptional] [Gettive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 [If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ment's effective date on the Department of State's records.
reco Lis fi	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
ated	DECEMBER 12TH. 2019
	- Caullio.
	Signature of a member or suthorized representative of a member

Filing Fee: \$25.00