## 104000029174

(Re	equestor's Name)			
(Ac	ddress)			
(Ac	ddress)			
(Ci	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bı	usiness Entity Na	me)		
(Document Number)				
Certified Copies	_ Certificate	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



000142001580

01/27/09--01035--008 \*\*25.00

DIVISION OF CORPORATIONS

OP JAN 27 PM 1:57

J. BRYAN

JAN 28 2009

**EXAMINER** 

## **COVER LETTER**

Division of Corp	porations			
suprece Intercos	stal Mortgage Netw	rork IIC	<b>.</b>	
SUBJECT: Intercoe	T: Intercoastal Mortgage Network, LLC (Name of Limited Liability Company)			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
•	J	, and the second	C.	
	Christopher Scalf		99 NATES	
		(Name of Person)	JAZ OF	
			27	
		(Firm/Company)	09 JAN 27 PH 1:57	
	P. O. Box 354605		<u>.</u> .	
		(Address)		
	Palm Coast, FI 32135-46	05		
		(City/State and Zip Code)		
Far forther information of	oncerning this matter, please ca	nii.		
r or turiner information co	oncerning this matter, please co	aii.		
Christopher Scalf		at ( 386 ) 931-0146		
(Name o	of Person)	(Area Code & Daytime T	elephone Number)	
Enclosed is a check for th	-		<b>—</b>	
☑ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy	□\$60.00 Filing Fee, Certificate of Status &	
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)	
MAIL	ING ADDRESS:	STREET/COURIER	ADDRESS:	

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

**Registration Section** 

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OP JAN 27 PM 1:57

Intercoastal Mortgage Network, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A Florida Limited L	inactifity Company)	7	
The Articles of Organization for this Limited Liability Company		•	
Florida document number 1.04000029174			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
Reliance Debt Relief, LLC			
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Company," the designation "LLC" or the abbreviation	on	
Enter new principal offices address, if applicable:	126 Flagler Plaza Drive		
(Principal office address MUST BE A STREET ADDRESS)	Palm Coast, Fl 32164		
Enter new mailing address, if applicable:	P.O. Box 354605		
(Mailing address MAY BE A POST OFFICE BOX)	Palm Coast, FI 32135-4605		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		<u> </u>	
Name of New Registered Agent:			
New Registered Office Address:			
	(Enter Florida street address)		
	, Florida <u>32164</u>		
	(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 = Managing Member **Address** Type of Action **Title Name** MGRM **Christopher Scalf** 25 Louisburg Lane ■ Add Palm Coast, Fl 32137 Remove Priti Patel MGRM 2 Palmwood Drive ■ Add Remove Palm Coast, Fl 32164 MGRM Taruna Varma 210 Sausalito Dr **⊿** Add East Amherst, NY 14051 Remove \_ Add Remove ☐ Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated January 22

Typed or printed name of signee

Christopher Scalf

Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00