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SECRETARY OF STATE
DIVISION OF CORPORATIONS

## COVER LETTER

· ·	OO VERTEELT ER
TO: Registration Section Division of Corporations	
SUBJECT: My TIMESHAF	LE RESCUE, LLC
	(Name of Limited Liability Company)
The enclosed Articles of Amendment ar	d fee(s) are submitted for filing.
Please return all correspondence concer-	ning this matter to the following:
	ANTONIO J. COMAS (Name of Person)
	(Name of Person)
****	My TIMESHARE RESCUE, CLC
	(Firm/Company)
	205 E. CENTRAL BLVD STE 500
<del></del>	(Address)
	ORLANDO, FL 32801 (City/State and Zip Code)
	(3.5,3.11.1 11.12.1)
For further information concerning this	natter, please call:
ANTONIO J. CO	MAS at (321 ) 332-5812
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following an	ount:
\$25.00 Filing Fee \$30.00 Filing Fee Certific	ing Fee & S55.00 Filing Fee & S60.00 Filing Fee, ate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
MAILING ADDRES	S: STREET/COURIER ADDRESS:
Registration Section	Registration Section
Division of Corporation P.O. Box 6327	ons Division of Corporations Clifton Building
Tallahassee, FL 32314	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

The Articles of Organization for this Limited Liability Company were filed on 4 - 26 - 200 /and assigned Florida document number <u>LO700098786</u>.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

E (SUTRAL

BUXO- SUITZ 500

(Enter Florida street address)

, Florida 32801 (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)

MGR = Man MGRM = M	nager anaging Member			
<u> </u>	<u>Name</u>	Address		Type of Action
MGRM	ANTONIO J. COMAS	205 E. CZ. SUITE 500 ORLANDO, FL		Add Remove
MGRM	MICHAEL DAVIS	_ZAME AS	ABOVE	Add Remove
MGRM	ROBERT J. HARMON	SAME AS	ABOVE	Add .
MGR	JON M. COMAS	2248 FLA CLEAMONT	ME (T FL 34714	Add Remove
				Add Remove
				Add Remove
). If amendi	ing any other information, enter change	(s) here: (Attach additi	ional sheets, if necessary	<b>6</b> <sup>2</sup>
				SECRETARY OF CO.
				LED CORPORATIONS PM 12: 41
Dated	FEBRUARY 4th , 200	o <del>8</del> .		S

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Filing Fee: \$25,00