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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Statu	ıs
Special Instructions to Filing Officer:	
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TOM 5 & SOLF J. HARRIS

COVER LETTER

	Registration Section Division of Corporations
SUBJE	Interval Relief, LLC
	Name of Limited Liability Company
The en	closed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Anthony J. Alfonzo
	Name of Person
	Interval Relief, LLC
	Firm/Company
	5401 S. Kirkman Road, # 310
	Address
	Orlando, FL 32819
	City/State and Zip Code
	info@intervalrelief.com
	E-mail address: (to be used for future annual report notification)
For fur	ther information concerning this matter, please call:
An	thony J. Alfonzo ,786, 436-0881
	Name of Person Area Code Daytime Telephone Number

MAILING ADDRESS:

□ \$30.00 Filing Fee &

Certificate of Status

□ \$25.00 Filing Fee

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

STREET/COURIER ADDRESS:

■ \$60.00 Filing Fee,

Certified Copy (additional copy is enclosed)

Certificate of Status &

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

□ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Interval Relief, LLC				
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number L0900050862	were filed on 05/26/2009	and ass	igned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and end with the words "Limited Liab	vility Company "the designation "LLC" or	the abbreviation "[.l.C"	_
Enter new principal offices address, if applicable:	5401 S. Kirkman Road, Su			
(Principal office address MUST BE A STREET ADDRESS)	Orlando, FL 32819	2 50	5-	
		MJAN.	<u> </u>	— ,
	5404 G 401	***	S)	22 12
Enter new mailing address, if applicable:	5401 S. Kirkman Road, Su	lite # 310		_ ````
Mailing address MAY BE A POST OFFICE BOX)	Orlando, FL 32819		1/0	_
		des de	<u> </u>	_
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		ter the name	of the	new
Name of New Registered Agent:				_
New Registered Office Address:	Enter Florida street address			~- <u>-</u>
	, 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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member Title Type of Action Address Name **Christopher Dolan** 5300 S US Highway # 1 MGR Ft. Pierce, FL 34982 ☐ Remove □ Add _□ Remove _□ Add Remove ____
Remove

h additional sheets, if necessary.)
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(optional) ad cannot be more than 90 days after
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Page 3 of 3

Filing Fee: \$25.00