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(Address)

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DIVISION OF CORPORATIONS
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SECRETARY OF STATE
TAMARA JOSEPH
5/10/2014

JAN -5 2015
T. HAMPTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Interval Relief, LLC

Name of Limited Liability Company

The enclosed 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

8333 NW 53rd Street, Suite 450

Address

Doral, FL 33166

City/State and Zip Code

info@intervalrelief.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anthony J. Alfonzo

at (877) 243-3975

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|--|--|---|

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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

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SECRET
TIT 7-16-58 = RCHDA

and assigned

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

and assigned

Page 1 of 3

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Christopher Dolan	5300 S US Highway # 1	<input type="checkbox"/> Add
		Ft. Pierce, FL 34982	<input checked="" type="checkbox"/> Remove
MGR	Allen Craig Washburn	5401 S. Kirkman Road, Suite 320	<input checked="" type="checkbox"/> Add
		Orlando, FL 32819	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

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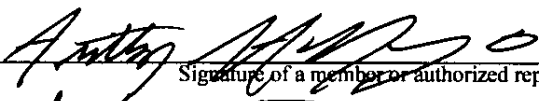
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D, If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated December 29th, 2014.



Signature of a member or authorized representative of a member
Anthony J Alonzo

Typed or printed name of signee

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Filing Fee: \$25.00

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STATE OF FLORIDA
TALLAHASSEE