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(Re	equestor's Name)	
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JAN = 5 2015 T. HAMPTON

COVER LETTER

TO: Registration Se Division of Co			
Interval	Relief, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Anthony J. Alfonzo		
		Name of Person	
	Interval Relief, LLC		
		Firm/Company	·····
	8333 NW 53rd Stree	et, Suite 450	
		Address	
	Doral, FL 33166		
		City/State and Zip Code	
	info@intervalrelief.co		
	E-mail address: (to be used for future annual report notific	eation)
For further information c	oncerning this matter, please c	ali:	
Anthony J. Alfonzo)	877 243-3975	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	ne 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 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Interval Relief, LLC		चल ज	
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	三	
The Articles of Organization for this Limited Liability Company	were filed on 05/26/2009	and assigned	
Florida document number L0900050862		11 =	
This amendment is submitted to amend the following:		4-5d AM II: 20	
A. If amending name, enter the new name of the limited liab		_	
The new name must be distinguishable and end with the words "Limited Lial	bility Company," the designation "LLC" or the abbrev	iation "L.L.C."	_
Enter new principal offices address, if applicable:	8333 NW 53rd Street, Suite 450		
(Principal office address MUST BE A STREET ADDRESS)	Doral, FL 33166		_
			_
Enter new mailing address, if applicable:	8333 NW 53rd Street, Suite 450		
(Mailing address MAY BE A POST OFFICE BOX)	Doral, FL 33166	<u></u>	_
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		name of the	new
Name of New Registered Agent:			
New Registered Office Address:			_
	Enter Florida street address		
	, Florida		
	City Zi _I	o 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, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Christopher Dolan	5300 S US Highway # 1	🗆 Add
		Ft. Pierce, FL 34982	■ Remove
MGR	Allen Craig Washburn	5401 S. Kirkman Road, Suite 320	A dd
		Orlando, FL 32819	□ Remove
			□ Remove
			
			□ Remove
			TO Add -5 Market 20 Remove 20
			Add
			Remove

	m, enter thange(s) here. (Ander ad	ditional sheets, if necessary.)
		· · · · · · · · · · · · · · · · · · ·
Affective date, if other than the dathe effective date must be specific, cannot be the date this document is filed by the Floric	be prior to date of receipt or filed date and car	(optional) not be more than 90 days after

Page 3 of 3

Filing Fee: \$25.00

15 JAN -5 AM II: 20