L11000004671

(Re	equestor's Name)	•
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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DIVISION OF CORPORATIONS

JUL 2 2013

T. HAMPTON

COVER LETTER

TQ:

Registration Section Division of Corporations

ANEW LIFE TRANSITION LLC

SUBJECT:

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:

SCOT BENNETT

Name of Person

Firm/Company

2751 S OCEAN DR 302-S

Address

HOLLYWOOD FL 33019

City/State and Zip Code

SBENNETT55@GMAIL.COM

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

For further information concerning this matter, please call:

SCOT BENNETT

,⁹⁵⁴ **920-099**0

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the 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

ANEW LIFE TRANSITION LLC

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

The Articles of Organization for this Limited Liab	ility Company were filed on 6/2/2011	and assigned
Florida document number L11000064671	makes make make the	_
	 •	SECF DIVISION
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of the	ne limited liability company here:	
JSS RECOVERY LLC		PH SPS
"L.L.C."	he words "Limited Liability Company," the designation "LLC"	or the abbreviation
Enter new principal offices address, if applicable	le:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered offic	registered office address on our records, enter the eaddress here:	name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City Z	lip 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 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 =	MGRM = Managing Member				
<u>Title</u> .	<u>Name</u>	Address	Type of Action		
			Add		
	·		Remove		
			Add		
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			Remove		
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			Remove		
			Add		
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			Keliove		

D. If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
•	·
Dated	JUNE 27, 2013.
	1926 Rodgian UC, MERM
	Signature of a member or authorized representative of a member
	Scot A BENNETT
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

13 JUL -1 PH12: 57