

L13000059641

(Requestor's Name)

(Address)

(Address)

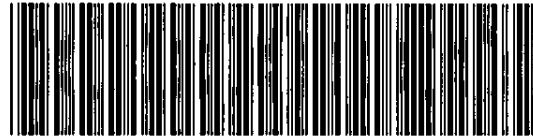
(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____



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SECRETARIAT OF STATE
TALLAHASSEE, FLORIDA

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Special Instructions to Filing Officer:

Lisa Lee
SUPPORTER BY PHONE TO
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DATE *1-8-13*
DOC. EXAM *7*

561 707 3265
Lisa Lee

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JAN 0 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AJ'S TRANSITIONAL LIVING 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:

TOVAH JASPERSON
Name of Person
AJ'S TRANSITIONAL LIVING
Firm/Company
11576 PIERSON ROAD, K5
Address
WELLINGTON, FL, 33414
City/State and Zip Code
TARA@ANGELSRECOVERY.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TOVAH JASPERSON at **561** **685-8302**
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**

AJ'S TRANSITIONAL LIVING 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 Liability Company were filed on 04/24/13 and assigned Florida document number L13000059641.

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."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

11576 PIERSON ROAD K5
WELLINGTON, FL 33414

RECEIVED
JAN - 2 PM 11:18
TALLAHASSEE FLORIDA
STATE

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: _____

Enter Florida street address

_____, 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ALAN BOSTOM	11576 PIERSON ROAD	<input type="checkbox"/> Add
		SUITE K5	<input checked="" type="checkbox"/> Remove
		WELLINGTON, FL 33414	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

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 TALLAHASSEE, FLORIDA
 SECRETARY OF STATE

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

EFFECTIVE ON THE DATE HEREWITH, TOVAH JASPERSON IS 100%

OWNER OF AJ'S TRANSITIONAL LIVING, LLC

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

(If an effective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b))

Dated DECEMBER 30, 2013.

TOVAH JASPERSON

Tovah Jaspersen
Signature of a member or authorized representative of a member

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

14 JAN -2 PM 4: 19
STATE OF FLORIDA
TALLAHASSEE, FLORIDA