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SECRETARY OF STATE FALLAHASSEE. FLORIDA

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JUN 23 2015

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COVER LETTER

TO:	Registration Section Division of Corpo	on orations	a de la companya de l	*	
SUBJE	New Life AJ,	LLC			
SUBSE		Name of Limit	ed Liability Company		
The en	closed Articles of A	mendment and fee(s) are subn	nitted for filing.		
Please	return all correspond	lence concerning this matter to	o the following:		
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		E-mail address: (t	o be used for future annual report notifi	cation) 74 CO JUNE 15	
For fu	rther information co	ncerning this matter, please ca	dl:	AR 2	
11	ACE lis	PEREZ	at (407) 668- Area Code Daytime	1609 E CORP.	Ę,
Enclo	Name of sed is a check for the	Person	Area Code Daytime	Telephone Number FLORIDA ORATIONS	77ATF
	25.00 Filing Fee	□ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,	
- φ2	25.00 1 mmg 1 00	Certificate of Status	Certified Copy (additional copy is enclosed)	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

New Life AJ, LLC	1-2		
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number £15000084791	were filed on 05/13/2015 a	nd assigned	
This amendment is submitted to amend the following:			
If amending name, enter the new name of the limited liability company here: In new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Iter new principal offices address, if applicable: In incipal office address MUST BE A STREET ADDRESS) Inter new mailing address, if applicable: Inditing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of the new gistered agent and/or the new registered office address here: Name of New Registered Agent:			
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbrevia	tion "L.L.C."	
Enter new principal offices address, if applicable:	944 Whalebone Bay Dr		
(Principal office address MUST BE A STREET ADDRESS)	Kissimmee, FL 34741		
e Articles of Organization for this Limited Liability Comparation document number L15000084791 is amendment is submitted to amend the following: If amending name, enter the new name of the limited limited limited limited limited limited limiter new name must be distinguishable and contain the words "Limited Limiter new principal offices address, if applicable: Inter new mailing address MUST BE A STREET ADDRESS. Inter new mailing address, if applicable: Inter new mailing address, if applicable: Inter new mailing address MAY BE A POST OFFICE BOX.) If amending the registered agent and/or registered gistered agent and/or the new registered office address.			
registered agent and/or the new registered office address her		name of the	
Name of New Registered Agent:		<u></u>	
New Registered Office Address:	Enter Florida street address		
	, Florida		
	City Z	ip 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person_being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
VOC	Bonilla, Angel	944 Whale Bone Bay Dr	
		Kissimmee, FL 34741	■ Remove
			Change
CAO	Crespo, Amy D	1007 Golfside Ct	D Add
		kissimmee, FL 34741	■ Remove
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lote: If the date inserted in this block does not	meet the applicable statutory filing requi	rements, this date will not be l	isted as
ocument's effective date on the Department of	State's records.		
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The 90th day after the record is filed		at peroe anni on the ca-	
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Dated June 16,	2015	<u>≥</u> gg 3	SE
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Signature of	a member or authorized representative of a m	ember SH 2	우주 유
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Aracelis Perez	Typed or printed name of signee	SIATE CORIDA	

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