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DIVISION OF CORFORATION

COVER LETTER

TO:	Registration S Division of Co				·	
SHRJI	UBJECT: Good Life Financial, LLC					
3000	Name of Limited Liability Company					
The en	closed Articles of	· Amendment and fee(s) are sub	omitted for filing.			
Please	return all corresp	ondence concerning this matter	to the following:			
		Edward Cariton Name of Person				
	Good Life Financial, LLC Firm/Company					
		7948 Baymeadows Way, Suite 300				
		Address Jacksonville, Florida 32256				
		F. mail addrass: (City/State and Zip Code edward@ifcnow.con to be used for future annual r	n	<u> </u>	
For fu	rther information	concerning this matter, please of		eport notification	,	
Edward Rennick Name of Person		at (_866) 987-2721 ext 5120 Area Code & Daytime Telephone Number				
Enclos	sed is a check for	the following amount:				
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is	-	\$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		Registrat Division Clifton B 2661 Exe	F/COURIER A ion Section of Corporations duilding ecutive Center C see, FL 32301			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited I	ood Life Financial, LLC Liability Company as it now appears on outlined Liability Company)	ır records.)	<u> </u>				
The Articles of Organization for this Limited Lia Florida document number L090000484		<i>i</i> 18, 2009	and assigned				
This amendment is submitted to amend the follow	wing:						
A. If amending name, enter the new name of the limited liability company here:							
Rennick, Young, Cohen and Associates							
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company," th	e designation "I	LLC" or the abbreviation				
Enter new principal offices address, if applical	ble:						
(Principal office address MUST BE A STREET	ADDRESS)	•	9				
			9 YSE.				
·							
Enter new mailing address, if applicable:	·		5 95				
(Mailing address MAY BE A POST OFFICE BOX)			- OXC				
	,						
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:	Edward Rennick	······································					
New Registered Office Address:	7948 Baymeadows Way, Suite 300						
	Enter Florida street address						
•	Jacksonville	, Florida	32256				
	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 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 Changing Registered Agent, Signature of New Registered Agent

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 = Managing Member -Type of Action Title Name **Address** MGRM Edward Rennick 7948 Baymeadows Way, Suite 300 ✓ Add Remove Jacksonville_Florida 32256 MGR Willem Young 7948 Baymeadows Way, Suite 300 ✓ Add Jacksonville, Florida 32256 ☐ Remove ☐ Add Remove Remove □Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member Edward Carlton Typed or printed name of signee

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Filing Fee: \$25.00