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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

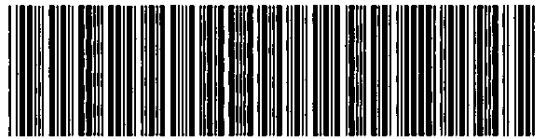
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(Document Number)

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**G. MCLEOD**  
NOV 20 2009  
**EXAMINER**



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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
09 NOV 19 PM 1:54

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Good Life Financial, 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:

Edward Carlton

Name of Person

Good Life Financial, LLC

Firm/Company

7948 Baymeadows Way, Suite 300

Address

Jacksonville, Florida 32256

City/State and Zip Code

edward@ifcnw.com

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

For further information concerning this matter, please call:

Edward Rennick

Name of Person

at ( 866 )

987-2721 ext 5120

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

Good Life Financial, LLC

Page 1 of 2

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

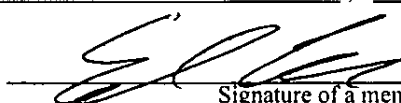
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Edward Rennick	7948 Baymeadows Way, Suite 300 Jacksonville, Florida 32256	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Willem Young	7948 Baymeadows Way, Suite 300 Jacksonville, Florida 32256	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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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