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EXAMINER



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SECRETARY OF STAIR DIVISION OF CORPORATION

COVER LETTER

→ Registration Section

TO:

Division of Co	rporations				
OVD IDOT	LIVE WELL BILL	ING SOLUTIONS, L	10		
SUBJECT:		ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
		OM WILLIAMS, CPA			
		Name of Person			
	WILLIAMS & WILLIAMS CPA'S				
		Firm/Company			
	1409 KINGSLEY AVE STE 1B				
	Address				
	OR	ANGE PARK, FL 32073			
		City/State and Zip Code			
	TWTA	KMAN@BELLSOUTH.N	ET		
	·	to be used for future annual report r	notification)		
For further information of	concerning this matter, please of	eall:			
TOM \	WILLIAMS, CPA	at (_904_)	278-5566		
Name o	of Person		ytime Telephone Number		
Enclosed is a check for t	he following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo	\$60.00 Filing Fce, Certificate of Status & Certified Copy (additional copy is enclosed)		
Regist Divisio P.O. B	AING ADDRESS: ration Section on of Corporations lox 6327 assee, FL 32314	STREET/COI Registration Se Division of Cor Clifton Buildin 2661 Executive Tallahassee, FI	rporations g e Center Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LIVE WELL BILLING SO	<u> DLUTIONS, LL</u>	.C	
(<u>Name of the Limited Liability Company as</u> (A Florida Limited Liabil	s it now appears on or lity Company)	ur records.)	
The Articles of Organization for this Limited Liability Company wer	e filed on0	7/01/09	_ and assigned
Florida document numberL0900063907			
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 I "L.L.C."	Liability Company," th	e designation "LL	C" or the abbreviation
Enter new principal offices address, if applicable:		er er Mad i vig	
			09 SE
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>		060
			<u> </u>
			26 F F F T
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
_			N 25 1
			S 2
B. If amending the registered agent and/or registered office	address on our re-	cords, <u>enter the</u>	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		
Ci	ty		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, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGR	LORI BERNARD	2307 LAKESHORE DR N FLEMING ISLAND, FL 32003	Add _☑ Remove
MGR_	SHAWN W. JOHNSON	1316 OAKLANDING LANE FLEMING ISLAND, FL 32003	✓ Add Remove
MGR	LORI M. CARTER	4736 ESTATE STREET MACCLENNY, FL 32063	☑ Add
MGR_	SHERI K. BIGNER	405 WESTLAKE COURT NICEVILLE, FL 32578	Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter cha	ange(s) here: (Attach additional sheets, if necessary.)	_
 Dated			_
	,	- in	
	Signature of a men Gary C. Bernard Ty	nber or authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00