

L090000063907

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

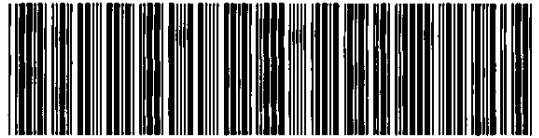
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G. MCLEOD

OCT 27 2009

EXAMINER



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10/26/09--01017--006 \*\*25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
09 OCT 26 PM 2: 26

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LIVE WELL BILLING SOLUTIONS, 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:

TOM WILLIAMS, CPA

Name of Person

WILLIAMS & WILLIAMS CPA'S

Firm/Company

1409 KINGSLEY AVE STE 1B

Address

ORANGE PARK, FL 32073

City/State and Zip Code

TWTAXMAN@BELLSOUTH.NET

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

For further information concerning this matter, please call:

TOM WILLIAMS, CPA

Name of Person

at ( 904 )

278-5566

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



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:

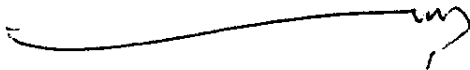
MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	LORI BERNARD	2307 LAKESHORE DR N FLEMING ISLAND, FL 32003	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	SHAWN W. JOHNSON	1316 OAKLANDING LANE FLEMING ISLAND, FL 32003	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	LORI M. CARTER	4736 ESTATE STREET MACCLENNY, FL 32063	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	SHERI K. BIGNER	405 WESTLAKE COURT NICEVILLE, FL 32578	<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

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  
Gary C. Bernard  
\_\_\_\_\_  
Typed or printed name of signee