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C. LEWIS FEB 2 5 2010 EXAMINER

COVER LETTER

TO:		stration sion of C					
SUBJE	CCT:	N40,		Live Well Ber	nefit Solutions, LLC		
	-			Name of Limit	ted Liability Company		
The end	closed	Articles o	of Am	endment and fee(s) are sub	omitted for filing.		
Please	return	all corres	ponde	nce concerning this matter	to the following:		
			_		Teresa D Lemus		
					Name of Person		
			•	Live W	lell Benefit Solutions, LL	.c	
					Firm/Company		
				826	0 NW 10th Street Unit 8		
			-		Address		
			_		Miami, FL 33126		
					City/State and Zip Code		
			-	Ter E-mail address: (t	ril_emus@vahoo.com	otification)	
For fur	ther in	formation	ı conc	erning this matter, please c			
Teresa D Lemus Name of Person				at (305) Area Code & Day	763-14 time Telepho		
Enclose	ed is a	check for	r the f	ollowing amount:			
\$25	.00 Fil	ing Fee		\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo		\$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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Live Well Benefit Solutions, LLC

FILED

2010 FEB 24 PM 1 67

SECRETARY OF STATE

(Name of the Limited Liability Company as it now appears on our records.) ASSEE, FLORIDA (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on ____February 12, 2010 ___ and assigned L10000016854 Florida document number 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 Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address . Florida 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

<u> [itle</u>	<u>Name</u>	Address	Type of Action
MGR	Teresa D Lemus	8260 NW 10th Street Unit 8 Miami, FL 33126	Add Remove
	,		I1 70
			Add Remove
			Add Remove
			Add Remove
			Add Remove
). If amend	ling any other information, enter ch	ange(s) here: (Attach additional sheets, if necess	sary.)
			2010
****			ZINFEB 24 PM
Dated <u>F</u>	Giresa	0610 Odmus	SEE FLORID
	Teresa	nber or authorized representative of a member D. LEMUS ped or printed name of signee	, –

Page 2 of 2

Filing Fee: \$25.00