

L10000089543

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

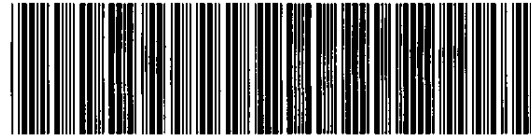
(Business Entity Name)

(Document Number)

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10 OCT 27 AM 11:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

OCT 28 2010

EXAMINER

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: American Freelance, 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:

Jason Costa

Name of Person

American Freelance

Firm/Company

37 North Orange Avenue, Suite 500

Address

Orlando, FL 32801

City/State and Zip Code

jason@usaessays.com

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

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Jason Costa

Name of Person

at (407)

284-1603

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

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

American Freelance, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on August 25, 2010 and assigned
Florida document number L10000089543.

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)

37 North Orange Avenue

Suite 500

Orlando, FL 32801

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

37 North Orange Avenue

Suite 500

Orlando, FL 32801

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TALLAHASSEE, FLORIDA

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:

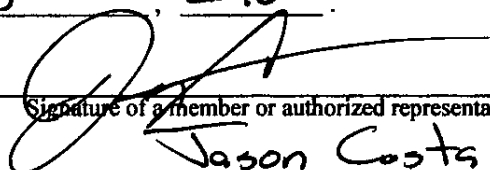
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Jason Costa	2505 Holly Road Winter Park, FL 32792	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Jason Costa	37 North Orange Avenue Suite 500 Orlando, FL 32801	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Gregory Weiss	38 Clipper Street San Francisco, CA 94114	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Gregory Weiss	37 North Orange Avenue Suite 500 Orlando, FL 32801	<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.)*

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 10 OCT 27 AM 11 19
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Dated October 25, 2010



 Signature of a member or authorized representative of a member
Jason Costa

 Typed or printed name of signee