

L13000054481

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

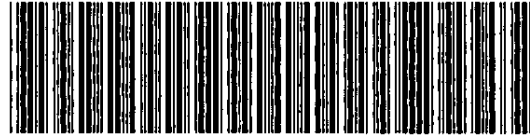
(Business Entity Name)

(Document Number)

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2013 MAY 13 PM 3:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 14 2013

J. BRYAN

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DAVID FREEMAN CONSULTING GROUP  
Name of Limited Liability Company

FILED  
2013 MAY 13 PM 3:47  
STATE OF FLORIDA  
TALLAHASSEE

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DAVID FREEMAN  
Name of Person

DAVID FREEMAN CONSULTING GROUP LLC  
Firm/Company

10777 West Sample Road #912  
Address

Orlando FL 33065  
City/State and Zip Code

d.freeman@davidfreemanconsulting.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID FREEMAN at 949 715-0819  
Name of Person 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**

DAVID FREEMAN CONSULTING GROUP 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

4/15/13

and assigned

Florida document number

L13000054481

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)

10777 WEST SAMPLE ROAD #912  
CORAL SPRINGS FL 33065

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

10777 WEST SAMPLE ROAD #912  
CORAL SPRINGS FL 33065

**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:

10777 WEST SAMPLE ROAD #912  
Enter Florida street address

Coral Springs, Florida FL 33065  
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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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 CLERK OF DISTRICT COURT  
 1000 N. MIAMI AVE., SUITE 1000  
 MIAMI, FL 33136

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Dated May 10 2013, \_\_\_\_\_.

David H. Freeman

Signature of a member or authorized representative of a member

DAVID H. FREEMAN

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

**FILED**  
2013 MAY 13 PM 3:47  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA