

L13000054481

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



900301490429

07/21/17--01001--024 \*\*25.00

FILED  
17 JUL 21 PM 3:10  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

D. SCOTT  
JUL 26 2017

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DAVID FREEMAN CONSULTING GROUP LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees(s) are submitted for filing.  
Please return all correspondence concerning this matter to the following:

DAVID FREEMAN  
Name of Person

DAVID FREEMAN CONSULTING GROUP  
Firm/Company

10777 W SAMMIE RD #912  
Address

CORAL SPRINGS 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 (310) 773-7691  
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)

FILED  
17 JUL 24 PM 3:10  
STATE OF FLORIDA  
TALLAHASSEE COURTS

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 contain 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

FILED  
JUL 21 9 3:10  
STATE OF FLORIDA  
TALLAHASSEE

**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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Susan J. Freeman	10777 WEST SMAE ROAD #A12 Coral Springs FL 33065	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

STATE OF FLORIDA  
 TALLAHASSEE COUNTY  
 JUL 21 PM 3:04  
 FILED  
 REMOVE  
 CHANGE  
 ADD

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

Add Susan Joan Freeman as a co-owner

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated 7/17/17

*David H. Freeman*  
Signature of a member or authorized representative of a member

DAVID H. FREEMAN  
Typed or printed name of signer

FILED  
17 JUL 21 PM 3:11