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	(Requestor's Name)	
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	(Business Entity Name)	
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO:

P.O. Box 6327

Tallahassee, FL 32314

TO:	Registration S Division of Co				
SUBJI	ECT:	Curran L	aw Group, P.L.		
		Name of Limi	ted Liability Company		
The en	closed Articles of	f Amendment and fee(s) are sub	omitted for filing.		
Please	return all corresp	ondence concerning this matter	to the following:		
			M. Glenn Curran, III		
			Name of Person		
		Cı	urran Law Group, P.L.		
			Firm/Company		
2400 E. Commercial Blvd, Suite 208					
			Address		
		For	t Lauderdale, FL 33308		
			City/State and Zip Code		
		E-mail address: (GC-1@Curranlaw.com to be used for future annual report notific	eation)	
For fu	rther information	concerning this matter, please c	all:		
	<u>M.</u> G	Slenn Curran, III	&. (938-9922	
	Name	of Person	Area Code & Daytime	Telephone Number	
Enclos	sed is a check for	the following amount:			
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Regist	LING ADDRESS: tration Section on of Corporations	STREET/COURIE Registration Section Division of Corpora	1	

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Curran & N	iles, P.L.			
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appea ability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Company	were filed on	1/4/2006	and as	signed
Florida document numberL0600001098				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	lity company he	<u>re</u> :		
Curran Law G	roup, P.L.			
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Comp	any," the designation	"LLC" or the	abbreviation
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 off registered agent and/or the new registered office address here		our records, enter	the name	of the new
Name of New Registered Agent:			10 A SEDI	
New Registered Office Address:		nter Florida street ad	APR 22	
	Σ.	, Florida		LU 1
	City		Zip Coc	te 🔘
New Registered Agent's Signature, if changing Registered Agent:			部 8	

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 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 = Ma MGRM = N	nager Ianaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			Add Remove
			Add Remove
			Add
			☐ Add ☐ Remove
			AddRemove
D. If amen	ding any other information, ente	r change(s) here: (Attach additional sheets, if necessal	ry.)
_			
_			
Dated	April 20 ,	2010	
		MBRA	<u></u>
	Signature of a	monther or authorized representative of a member	
		M. Glenn Curran, III Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00