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JUL 21 2009

EXAMINER



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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Law Office of	Brian W. Hurd, LLC	
	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		Brian W. Hurd	
		Name of Person	
	Law	Office of Brian W. Hur	<u>d</u>
		Firm/Company	
	11	00 Parnell St., Suite F	
		Address	
	М	erritt Island, FL 32953	
		City/State and Zip Code	
	bri E-mail address: (1	anwhurd@yahoo.com to be used for future annual repor	(notification)
For further information c	oncerning this matter, please c	•	Chomication
	***		450
Name o	an W. Hurd Person	at (321) Area Code & D	453-5007 Daytime Telephone Number
			·••·······
Enclosed is a check for the	e following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is end	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Registr Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	Registration ! Division of C Clifton Build	Corporations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Law Office of Bria (Name of the Limited Liability Compa (A Florida Limited L	an W. Hurd, LLC ny as it now appears on our records.) liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed onJanuary 17, 200	08 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:	100 Parnell Street	
(Principal office address MUST BE A STREET ADDRESS)	Suite F	0
	Merritt Island, FL 32953	SE VIS
		<u>L</u> 000
Enter new mailing address, if applicable:	100 Parnell Street	5 = En
(Mailing address MAY BE A POST OFFICE BOX)	Suite F	
	Merritt Island, FL 32953	
		0 2
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		
	_	
Name of New Registered Agent:	<u> </u>	<u> </u>
New Registered Office Address:		
	Enter Florida street a	ddress
	, 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>Name</u>	Address	Type of Actio
			Add Remove
<u>,</u>			Add Remove
			Add Remove
			Add Remove
			Add Remove
, If amend	ling any other information, enter ch	ange(s) here: (Attach additional sheets, if nec	cessary.)
		_	
 	July 17	3009	

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Filing Fee: \$25.00