

L13000149120

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TALLAHASSEE, FLORIDA

D. SCOTT

DEC 19 2016

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** The Murkin Group, 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:

JoAnne Fort  
\_\_\_\_\_  
Name of Person  
  
The Murkin Group, LLC  
\_\_\_\_\_  
Firm/Company  
  
11701 Belcher rd. Suite 110  
\_\_\_\_\_  
Address  
  
Largo, FL 33773  
\_\_\_\_\_  
City/State and Zip Code  
  
jfort@murkingroup.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mike Manies  
\_\_\_\_\_  
Name of Person  
at ( 727 ) 474-9983  
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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TALLAHASSEE, FLORIDA

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

The Murkin 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 10/23/16 and assigned  
Florida document number L13000149120

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)**

11701 Belcher rd

Suite 110

Largo, FL 33773

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

11701 Belcher rd

Suite 110

Largo, FL 33773

**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:

11701 Belcher rd Suite 110

*Enter Florida street address*

Largo

*City*

, Florida 33773

*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 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>                   |
|--------------|-------------|------------------|---|
| MGRM         | Mike Manies | 11701 Belcher rd | <input checked="" type="checkbox"/> Add |
|              |             | Suite 110        | <input type="checkbox"/> Remove         |
|              |             | Largo, FL 33773  | <input type="checkbox"/> Change         |
| MGRM         | Curtis Fort | 11701 Belcher rd | <input checked="" type="checkbox"/> Add |
|              |             | Suite 110        | <input type="checkbox"/> Remove         |
|              |             | Largo, FL 33773  | <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         |

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

[illegible]

**E. Effective date, if other than the date of filing:** 12/1/16 (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.

(b) The 90th day after the record is filed.

Dated December 14, 2016

Johnnie Ford  
Signature of a member or a

Signature of a member or authorized representative of a member

**JoAnne Fort**

Typed or printed name of signee

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