

L13 000 149 120

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

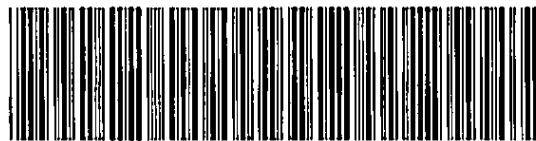
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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APR 16 2020

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:

Rebecca Graham

Name of Person

The Murkin Group, LLC

Firm/Company

360 Central Avenue, Suite 800

Address

St. Petersburg, FL 33701

City/State and Zip Code

bgraham@murkingroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rebecca Graham 727 233-3558

Name of Person at () Daytime Telephone Number

Enclosed is a check for the following amount:

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

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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>
CEO	JoAnne Fort	360 Central Ave	<input type="checkbox"/> Add
		Suite 800	<input checked="" type="checkbox"/> Remove
		St. Petersburg, FL 33701	<input type="checkbox"/> Change
CEO	Michael Manies	360 Central Ave	<input checked="" type="checkbox"/> Add
		Suite 800	<input type="checkbox"/> Remove
		St. Petersburg, FL 33701	<input type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
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2024 MAR 30 PM 12:03

(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)

Filing Fee: \$25.00