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TO: Registration Section
Division of Corporations

SUBJECT: Murphy's Claw 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:

Erin Brown
Name of Person

Murphy's Claw LLC
Firm/Company

11445 SW Halton St. #223
Address

Port St. Lucie FL 34987
City/State and Zip Code

Erin.Murphy613@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Erin Brown at (609) 458-1643
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)

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

Murphy's Claw LC

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>
	Mackenzie Brown	11445 SW Halton St	<input type="checkbox"/> Add
		Port St Lucie FL 34987	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
	Kayleigh Brown	11445 SW Halton St	<input type="checkbox"/> Add
		Port St Lucie FL 34987	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
	AMBR		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Erin Brown	11445 SW Halton St	<input checked="" type="checkbox"/> Add
		Port St Lucie FL 34987	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	AMBR		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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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.

Dated October 16, 2024.

Erin Brown

Typed or printed name of signee

Filing Fee: \$25.00