

L11000018155

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(Address)

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(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

JUL 25 2013
D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Skull Island Skiffworks, 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:

John Monko Jr
Name of Person

Skull Island Skiffworks, LLC
Firm/Company

7919 Flagler Court
Address

West Palm Beach, FL 33405
City/State and Zip Code

monkojr@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Monko Jr at (561) 239-8302
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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CLERK OF STATE

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

Skull Island Skiffworks, 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 2/11/2011 and assigned Florida document number 611000018155.

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 end with 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)

7919 Flagler Court
West Palm Beach, FL 33405

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7919 Flagler Court
West Palm Beach FL 33405

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:

John Monko Jr

New Registered Office Address:

7919 Flagler Court

Enter Florida street address

West Palm Beach, Florida 33405

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.

John Monko Jr
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

MGRM = Managing Member

Title	Name	Address	Type of Action
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MGRM	John Monko, Jr	7919 Flagler Court	<input checked="" type="checkbox"/> Add
		West Palm Beach FL 33405	<input type="checkbox"/> Remove

MGRM	John Monko Sr	7919 Flagler Court	<input checked="" type="checkbox"/> Add
		West Palm Beach, FL 33405	<input type="checkbox"/> Remove

MGRM	Scott Crippen	18603 MACH ONE Drive	<input type="checkbox"/> Add
		Port ST Lucie, FL 34987	<input checked="" type="checkbox"/> Remove

MGRM	Christopher Ivey	1511 NE 40th Court	<input type="checkbox"/> Add
		Oakland Park, FL 33334	<input checked="" type="checkbox"/> Remove

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CLERK OF SUPERIOR COURT
PALM BEACH COUNTY, FLORIDA

☐ Add

☐ Remove

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

Dated July 19, 2013.



Signature of a member or authorized representative of a member

SCOTT CRIPPEN

Typed or printed name of signee

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Filing Fee: \$25.00

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