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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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TALLAHASSEE FLORIDA

JUN 23 2014

J. BRUCI

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Skimmer Skiffs, 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:

Angela S. Chester

Name of Person

Firm/Company

330010 Daffodil Ave

Address

Eustis, FL 32736

City/State and Zip Code

Angie . Chester @ yahoo . Com

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

For further information concerning this matter, please call:

Angie Chester

Name of Person

at (321) 231-1865

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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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
MGR	Angela S. Chester	330010 Daffodil Ave	☒ Add
		Eustis, FL 32736	☐ Remove
			☐ Add
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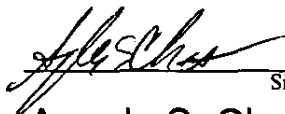
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DEPT. OF JUSTICE
FBI

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated June 17, 2014



Signature of a member or authorized representative of a member

Angela S. Chester

Typed or printed name of signee

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Filing Fee: \$25.00

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL 32304