

h21000316214

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

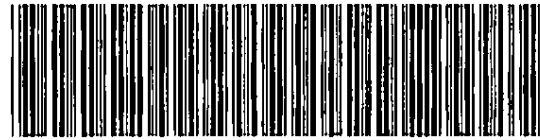
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000381828200

02/22/22--01011--018 **25.00

FILED

2022 FEB 22 AM 8:26

SECRETARY OF STATE
TALLAHASSEE, FL

A. BUTLER

MAR 2 - 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: L21000316214 - Monkey Fist Charters 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:

Edward J. O'Brien III

Name of Person

Monkey Fist Charters LLC

Firm/Company

8337 Iris Ave

Address

Seminole, FL 33777

City/State and Zip Code

monkeyfistcharters@gmail.com

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

For further information concerning this matter, please call:

Edward J O'Brien III

305 4791918
at ()

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

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

FILED

Monkey Fist Charters LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

2022 SEP 22 AM 8:26

The Articles of Organization for this Limited Liability Company were filed on 12 July 2021 and assigned
Florida document number L21000316214

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

No change of name

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)

8337 Iris Avenue

Seminole, FL 33777

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8337 Iris Ave

Seminole, FL 33777

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:

Edward J. O'Brien III

New Registered Office Address:

8337 Iris Ave

Enter Florida street address

Seminole

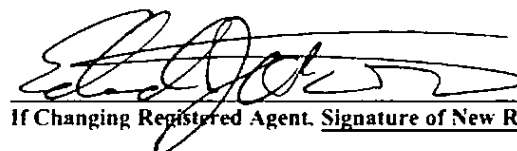
City

Florida 33777

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

MGR = Manager
AMBR = Authorized Member

[illegible]

[illegible]

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.


Signature of a member or authorized representative of a member

Typed or printed name of signee