

L 17000090502

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

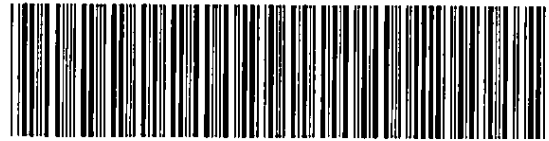
(Business Entity Name)

(Document Number)

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[Handwritten signature]

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Stanley Investment 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:

Jonathan Stanley

Name of Person

Stanley Investment Group LLC

Firm/Company

200 South Andrews Ave Suite #504

Address

Fort Lauderdale, FL 33309

City/State and Zip Code

stanleyinvestmentgroup@gmail.com

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

For further information concerning this matter, please call:

Jonathan Stanley

954 599-9919

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

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

Stanley Investment Group 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 4-24-2017 and assigned
Florida document number L17000090502

This amendment is submitted to amend the following:

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

Stanley Investment Group Unlimited LLC

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)

200 South Andrews Ave Suite #504

Fort Lauderdale, FL 33309

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2760 S.W 4th Street

Fort Lauderdale, FL 33312

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:

New Registered Office Address:

Enter Florida street address

Florida

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 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

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> |
|--------------|-----------------|------------------------------------|--|
| AP | Eric Cooks | 2738 West Tharpe Unit #2202 | <input type="checkbox"/> Add |
| | | Tallahassee, FL 32303 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AP | Jeffrey Burrell | 2738 West Tharpe Street Unit #2202 | <input type="checkbox"/> Add |
| | | Tallahassee, FL 32303 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MBR | Tamika Robinson | 1077 SW Bay State Road | <input checked="" type="checkbox"/> Add |
| | | Port Saint Lucie, FL 34953 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MBR | Bruce Ray | 2105 Churchill Downs Drive | <input checked="" type="checkbox"/> Add |
| | | Arlington, TX 76017 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MBR | Merceda Stanley | 3760 SW 4 th Street | <input checked="" type="checkbox"/> Add |
| | | Ft. Lauderdale, FL 33312 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

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

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 April 11th 2023

Signature of a member or authorized representative of a member

Jonathan Stanley

Typed or printed name of signee