

# L200000061341

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

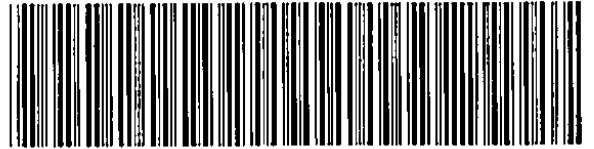
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



700401829697

FILED  
2023 FEB 10 AM 9:54  
STATE  
FL

RECEIVED  
2023 FEB 10 AM 8:38  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

PLEASE USE FUNDS FROM THIS ACCOUNT: I20210000160 AMOUNT: \$ 25.00  
AUTHORIZATION SIGNATURE: 

Working Man Drive – Thru, LLC L20000061341

**Business Name**

**Document Number, (if known):**

☐ Walk in

☐ Pick up time ☐

☐ Mail out

☐ Will wait ☐ Photocopy

☐ **Certified Copy of the Articles of Organization**

☐ **Certificate of Status**

**NEW FILINGS**

☐ Profit

☐ Not for Profit

☐ Limited Liability

☐ Domestication

☐ Other

☐ **CORP**

☐ **PLLC**

**AMMENDMENTS**

☒ Amendment

☐ Designation of R.A. Officer/Director

☐ Change of Registered Agent

☐ Revocation of Dissolution

☐ Merger

☐ **Conversion**

☐ **Amended and restated Articles**

☐ **Statement of Authority**

**OTHER FILINGS**

☐ Annual Report

☐ Fictitious Name

☐ APOSTILLE() ☐

**Country**

**REGISTRATION/QUALIFICATIONS**

☐ Foreign filing

☐ Limited Partnership

☐ Reinstatement

☐ Other

**EXAMINER'S INITIALS:** \_\_\_\_\_

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Working Man Drive-Thru 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:

Marie Wells  
Name of Person

Milne & Buckingham  
Firm/Company

1912 Hamilton St #203  
Address

Jacksonville FL 32210  
City/State and Zip Code

dmilne@mc@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marie Wells at ( 904 ) 387-5400  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

FILE

1937

**If Changing Registered Agent, Signature of New Registered Agent**

[illegible]

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

N/A

FILED  
FEB 10 AM 9:54  
TALLAHASSEE, FL  
CLERK OF STATE

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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.

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.

Dated February 9, 2023.

DJ Milne (Authorized Rep of a Member)  
Signature of a member or authorized representative of a member

D J MILNE (AUTH. REP OF A MEMBER)  
Typed or printed name of signee