# 121000307183

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:





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#### **COVER LETTER**

TO:

**Registration Section Division of Corporations** 

Tallahassee, FL 32314

Stan the V SUBJECT:	Vorking Man LLC.		
	Name of Li	mited Liability Company	<del></del> _
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.	
	ondence concerning this matte		
	Stanley Johnson		
		Name of Person	<del></del>
	Stan the Working Man LI	.C.	
	-	Firm/Company	<del></del>
	5332 Tubman Dr S		
	<del>-</del>	Address	
	Jax FL 32219		
		City/State and Zip Code	
	stan55165516@gmail.com		202
For further information of	e-mail address:	(to be used for future annual report notification)	2021 JUL. TĀL
Stanley Johnson		904 888-9562 at ( )	28 P
Name o	of Person	Area Code Daytime Telephone N	umber no
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy Cer (additional copy is enclosed) Cer	.00 Filing Fee, tificate of Status & tified Copy litional copy is enclosed
Mailing Addres		Street Address:	
Registration S Division of C		Registration Section Division of Corporations	
P.O. Box 632		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STAN THE WORKING MAN LLC.					
(Name of the Limited Liability Company as it (A Florida Limited Liability)	now appears on our records.) Company)				
The Articles of Organization for this Limited Liability Company were fi	led on and assigned				
lorida document number 121000307183					
his amendment is submitted to amend the following:					
. If amending name, enter the new name of the limited liability cor	mpany here:				
ne new name must be distinguishable and contain the words "Limited Liability Comp	pany," the designation "LLC" or the abbreviation "L.L.C."				
nter new principal offices address, if applicable:	20				
Principal office address MUST BE A STREET ADDRESS)	2 · C · ·				
	,,				
	i i i i i i i i i i i i i i i i i i i				
nter new mailing address, if applicable:					
Aailing address MAY BE A POST OFFICE BOX)	(N)				
	-1				
If amending the registered agent and/or registered office address tent and/or the new registered office address here:	on our records, <u>enter the name of the new regi</u>				
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
Circ	, Florida				
$\mathbf{U}_{i}HV$	/in Loda				

#### 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>	Address	Type of Action
Owner HMBR	William Johnson	5332 Tubman Dr s	
		Jax,Fl 32219	
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			□Change
		<u> </u>	□Add
		<del></del>	□Remove
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ote: If the date inserted in this	the date of filing:  must be specific and cannot be prior block does not meet the applicate Department of State's records.	able statutory filing rec	(options nan 90 days after fili juirements, this da	ng.) Pursua	unt to 605.02 It be listed a
record specifies a delay The 90th day after the r	ved effective date, but not ecord is filed.	t an effective time	, at 12:01 a.n	ı. on the	e earlier
07/24	, 2021	<u> </u>			