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PICK-UP	☐ WAIT	MAIL
<b>(</b> Bu	siness Entity Name	e)
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Certified Copies	_ Certificates	of Status
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SECRETARY OF STATE
FALLAHASSEE, FLORINA

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## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT:	hnson's Pho Name of Lim	Grmacy L.L. Cited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Mason	Johnson Name of Person	
	Johnsoni	,	<u> </u>
	2-19 N	Washesha Address	5 t
	Bonifay Johnsons- E-mail address: (1	FL 3 J4 J.  City/State and Zip Code  Phar macy & Vahoo.  To be used for future annual report notification.	SECRETARY -3
For further information of	oncerning this matter, please c	all:	PM OF SI
MASON Name o	Tohnson	at ( <u>850)</u> <u>54 &gt; - 6</u> Area Code & Daytime Te	2/63 Din 19
Enclosed is a check for the	ne following amount:		
<b>52</b> \$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

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

(additional copy is enclosed)

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Johnson's	Pharmacy L	. h. C.
(Name of the Limited Liab (A Flori	ility Company as it now appears da Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability	y Company were filed on	$\frac{1}{5}$ $\frac{1}{2}$ and assigned
Florida document number <u>LO 100000</u>	<u>895</u>	
This amendment is submitted to amend the following	<b>;</b> :	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company	," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		2013 SEC TALL
(Principal office address MUST BE A STREET AD	DRESS)	
		(2) A (4) A
		70 -
Enter new mailing address, if applicable:		70.
(Mailing address MAY BE A POST OFFICE BOX)		
		``
B. If amending the registered agent and/or represent and/or the new registered office a		records, enter the name of the new
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 608, 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 at

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member Title **Address** Name Type of Action MGRM AL Johnson 219 N. Waskesha St Add

Bonifay FL 32425 Remove Remove Remove

]	If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	April 25, 2013.
	Signature of a member or authorized representative of a member
	Masou Johnson Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00