

LO1000000895

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

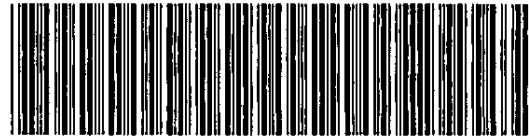
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200247489052

05/03/13--01011--010 **25.00

2013 MAY -3 PM 1:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

MAY - 6 2013

T CLINE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Johnson's Pharmacy L.L.C.
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:

Mason Johnson
Name of Person
Johnson's Pharmacy LLC
Firm/Company
219 N Waukesha St
Address
Bonifay FL 32425
City/State and Zip Code
johnsons-pharmacy@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mason Johnson at (850) 547-2163
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 &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 MAY -3 PM 1:09

FILED

Johnson's Pharmacy L.L.C.

Page 1 of 3

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	AL Johnson	219 N. Waukeshas St	<input type="checkbox"/> Add
		Bonifay FL 32425	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED
2013 MAY -3 PM 1:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Dated April 25, 2013.


Signature of a member or authorized representative of a member
Mason Johnson
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2013 MAY -3 PM 1:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA