

W01 000 000 895

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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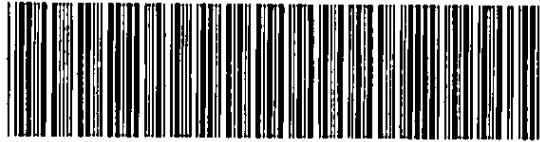
(Business Entity Name)

(Document Number)

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FILED
CLERK OF STATE
DIVISION OF CORPORATION
22 MAY 12 PM 3:16

T. MATTHEWS

JUL 11 2022

Johnson's Pharmacy LLC

219 N. Waukesha St.

Bonifay, FL 32425

(850) 547-2163

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Johnson's Pharmacy 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:

Kaci Johnson
Name of Person

Johnson's Pharmacy
Firm/Company

219 N. Waukesha St.
Address

Bonifay, FL 32425
City/State and Zip Code

Johnson's - Pharmacy@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kaci 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

22 MAY 12 PM 3:16

Johnson's Pharmacy, L.L.C.

(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 01-20-2022 and assigned
Florida document number LD1000000895

This amendment is submitted to amend the following:

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

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Kaci Johnson

New Registered Office Address:

219 N. Waukesha St.

Enter Florida street address

Bonifay

City

Florida

32425

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> |
|--------------|---------------|---------------------|--|
| MGR/M | Mason Johnson | 219 N. Waukesha St. | <input type="checkbox"/> Add |
| | | Bonifay, FL 32425 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR/M | Kaci Johnson | 219 N. Waukesha St. | <input checked="" type="checkbox"/> Add |
| | | Bonifay, FL 32425 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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)

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 May 4th 2022

Signature of a member or authorized representative of a member

Kaci Johnson
Typed or printed name of signer

Filing Fee: \$25.00