

L18000101440

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

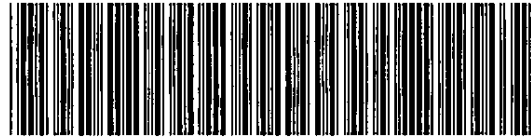
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
18 APR 30 PM 3:41

N COOPER

MAY 01 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Gene Johnston Bioconsulting, 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:

Eugene Johnston
Name of Person
Gene Johnston Bioconsulting, LLC
Firm/Company
3085 SW 115th Terrace
Address
Gainesville, FL 32608
City/State and Zip Code
Gene Johnston - bio @ outlook.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Eugene Johnston at (919) 618-8783
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

Gene Johnston Business Consulting, LLC
(Name of the Limited Liability Company as it now appears on
(A Florida Limited Liability Company))

Page 1 of 3

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>
AMBR	Eugene Johnston III	3085 SW 115 th Terrace	<input checked="" type="checkbox"/> Add
		Gainesville, FL 32608	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: 29 Apr 2018 (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.

(b) The 90th day after the record is filed.

Dated

27 Apr 2018

Jeanne-Marie Johnston
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Jeanne-Marie Johnston

Typed or printed name of signee