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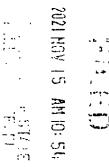
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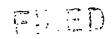
COVER LETTER

TO: Registration Section Division of Corporation				
SUBJECT:	r. Alex Johns	SON, LLC ted Liability Company		
The enclosed Articles of An	nendment and fec(s) are sub-	mitted for filing.		
Please return all corresponde	ence concerning this matter	to the following:		
	Dr. Ale	Name of Person		
		Name of Person		
		Firm/Company		
	3001 SW 241	have APT 150) (
		Address	•	
	Ocala, FL 3	4471		
	T \ 20	City/State and Zip Code		
	Johnsona 291 E-mail address: (1	to be used for future annual repo	ort notification)	
For further information con-				
Dr. Alex Joh	nnson	at (<u>47</u>) <u>75</u>	62115	
Name of P	urson	Arca Code	Daytime Telepho	ne Number
Enclosed is a check for the	following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclose		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



	Dr. Alex Joh	N2o⊃		2021 HOY	15 AM 10: 54
The Articles of Organization for this Limited Liability Company were filed on	(Name of the Limited)	<u>Liability Compar</u> Florida Limited L	w as it now appears on iability Company)	i our records.) EGG (TALL.	
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 "LLC." 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: New Registered Age	The Articles of Organization for this Limited Liab	ility Company	were filed on	14/2021	
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 "LLC." 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: New Registered Office Address: New Registered Office Address: OCALA FL 34471 D. Alex Johnson Enter Florida street address OCALA Florida 34471	Florida document number <u>L2100026159</u>	<u>5</u> .			
The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC." 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 address here: Name of New Registered Agent: New Registered Office Address: New Registered Office Address: OCALA FL 34471 D. Alex Johns On Enter Florida street address OCALA FL 34471	This amendment is submitted to amend the follow	ing:			
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: New Registered Office Address: New Registered Office Address: OCALA FL 34471 D. Alex Johnson Senter Florida Street address OCALA Florida 34471	A. If amending name, enter the new name of th	<u>ie limited liabi</u>	lity company here:		
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: New Registered Office Address: New Registered Office Address: OCALA FL 34471 Dr. Alex Johns On Source Agent: New Registered Office Address: OCALA Florida 34471	The new name must be distinguishable and contain the word	ls "Limited Liabili	ity Company," the desig	nation "LLC" or the a	obreviation "L.L.C."
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: New Registered Office Address: New Registered Office Address: OCALA FL 34471 Dr. Alex Johns On Source Agent: New Registered Office Address: OCALA Florida 34471	Enter new principal offices address, if applicab	le:	3001 SW	24th Ave	APT 1501
(Mailing address MAY BE A POST OFFICE BOX) OCALA FL 34471 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: New Registered Office Address: New Registered Office Address: OCALA FL 34471 D. Alex Johnson Senter Florida street address OCALA FL 34471	(Principal office address MUST BE A STREET	ADDRESS)	Ocala FL	34471	· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE BOX) OCALA FL 34471 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: New Registered Office Address: New Registered Office Address: OCALA FL 34471 D. Alex Johnson Senter Florida street address OCALA FL 34471					
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: New Registered Office Address: New Registered Office Address: New Registered Office Address: OCALA, Florida 34471	Enter new mailing address, if applicable:		3001 SW	24th Ave	APT 1501
Name of New Registered Agent: New Registered Office Address: New Registered Office Address: OCALA Florida 34471	(Mailing address MAY BE A POST OFFICE BOX)		Ocala FL 34471		
Name of New Registered Agent: New Registered Office Address: New Registered Office Address: OCALA Florida 34471					
New Registered Office Address: 3001 SW 24th Ave APT 1501 Enter Florida street address OCALA, Florida 34471			ddress on our reco	rds, <u>enter the nan</u>	ne of the new registered
Enter Florida street address OCALA, Florida 3447	Name of New Registered Agent:				
	New Registered Office Address:	3001 5			<u> </u>
		0	<u>cala</u>	, Florida	

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 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>	Name	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			Remove
			□Add
			Remove
			Change
			□Add
		□Remove	
			□Add
			Remove
			□Changa

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an e Note:	(optional) Tective date, if other than the date of filing: Tective 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) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
cord is f	
Dated	Olyc Ophron Signature of a member or authorized representative of a member Alex Johnson Typed or printed name of signee
	alex Johnson
	Signature of a member or authorized representative of a member
	Alex Johnson

Filing Fee: \$25.00