

W21000 261595

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

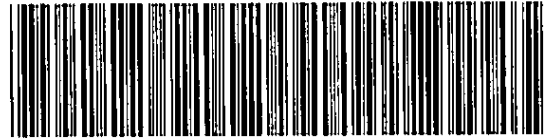
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DEC - 5 2021

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Dr. Alex Johnson, 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:

Dr. Alex Johnson  
Name of Person

\_\_\_\_\_  
Firm/Company

3001 SW 24th Ave APT 1501  
Address

Ocala, FL 34471  
City/State and Zip Code

Johnsona29@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dr. Alex Johnson at ( 717 ) 756 2115  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$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 (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



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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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