

L13000108781

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

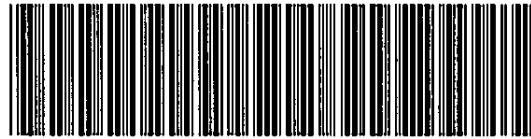
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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2014 APR 22 PM 4:07
BOSTON, MA 02108
U.S. DEPARTMENT OF THE TREASURY

B. BOSTICK
APR 25 2014
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GC Therapy Options, PLLC
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:

Cynthia Stephens
Name of Person

GC Therapy Options, PLLC
Firm/Company

400 Ohio Avenue S # 177
Address

Live Oak, FL 32064
City/State and Zip Code

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

For further information concerning this matter, please call:

Sheila Pittman at (386) 397-4883
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input 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

2011-07-22 10:07

1411500

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

GC Therapy Options PLLC

(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 1/1/2013 and assigned Florida document number L13000108781.

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 end with 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)

110 IRVIN AVE SW

LIVE OAK FL 32064

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

N/A

New Registered Office Address:

Enter Florida street address

Florida

City

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

N/A

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

Add: ARTICLE 3.4 to ARTICLE 3: ALLOCATIONS & DISTRIBUTIONS


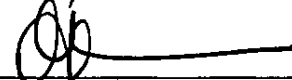
The members of the company, Gina Marler and Cynthia Stephens
will be compensated at a rate of 20% for each completed
therapy session and/or evaluation conducted by SLP's and/or SLPA's
under their direct supervision once reimbursed by insurance or
private pay. This compensation is provided for supervision and direction per applicable

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt of filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

professional
guidelines.

Dated APRIL 14, 2014.

 / 

Signature of a member or authorized representative of a member

Cynthia Stephens / Gina Marler (members)

Typed or printed name of signee



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 4, 2014

CYNTHIA STEPHENS
400 OHIO AVENUE S.
UNIT 177
LIVE OAK, FL 32064-7707

SUBJECT: G C THERAPY OPTIONS, PLLC
Ref. Number: L13000108781

We have received your document for G C THERAPY OPTIONS, PLLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick
Regulatory Specialist II

Letter Number: 814A00007279

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