

L13000108781

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FEB 12 2021
S. YOUNG

FILED
2021 JAN -4 PM 6:17

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:

GINA MARLER / CYNTHIA STEPHENS

Name of Person

GC THERAPY OPTIONS PLLC

Firm/Company

1415 N OHIO AVE #177 (MAILING)

Address

LIVE OAK, FL 32064

City/State and Zip Code

gctherapyoptions@gmail.com / sjpittman@windstream.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GINA MARLER / CYNTHIA STEPHENS

386 362-3231
at ()

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
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**

GC THERAPY OPTIONS PLLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2021 JAN 14 PM 3:17
FILED
CLERK OF COURT
JAN 14 2021
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 8/1/2013 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 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)

LIVE OAK

LAKE CITY

609 5TH ST SW #3

2086 SW MAIN BLVD #106

LIVE OAK FL 32064

LAKE CITY FL 32025

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1415 N OHIO AVE #177

LIVE OAK, FL 32064

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:

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 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

[illegible]

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

ARTICLES UPDATE EFFECTIVE 1/1/2021

*** DBAs**

GC THERAPY LIVE OAK servicing Suwannee, Hamilton, Lafayette, Madison (and patients West) counties

GC THERAPY LAKE CITY servicing Columbia, Baker, Union, Bradford, Alachua (and patients East) counties

*** TAX PURPOSES**

For Tax purposes will/may continue to operate under GC Therapy Options PLLC TIN 800946852 until transition changes to contracts, etc complete

***OPERATING INCOME AND EXPENSES**

For operating income and expenses, each DBA listed above will operate independently including daily decision making, overhead expenditures, employees, independent contractors, schedules, and local licensing.

***ELIGIBLE PAYROLL CHANGES**

Eligible employees will convert to PRN / Independent Contractors as defined by IRS Pub 15, Section 2 and may set their individual schedules within the parameters of the current hours of operation.

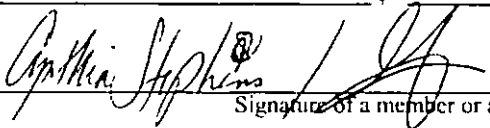
***PATIENTS**

Patients may transfer between each facility due to logistical needs related to work or as agreed to by co-owners with prior written communication.

E. Effective date, if other than the date of filing: 1/1/2021 **(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.

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 December 30, 2020



Signature of a member or authorized representative of a member

Cynthia Stephens / Gina Marler

Typed or printed name of signee