

L14000074883

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2014 MAY 19 10:02

B. BOSTICK

MAY 28 2014

EXAMINE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: G & A Occupational Therapy, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Yesenia Lozada

Name of Person

G & A Occupational Therapy, LLC

Firm/Company

7682 NW 167th street

Address

Hialeah, Florida 33015

City/State and Zip Code

Yesenia Lozada 1@gmail.com

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

For further information concerning this matter, please call:

Yesenia Lozada

Name of Person

at (786)

Area Code

412-4381

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is: G & A Occupational
Therapy, LLC

SECOND: The Florida Document number of the limited liability company is: L14000074883

THIRD: Document to be corrected is:
Articles of Organization for Florida LLC

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)



Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

I need to add myself as the President
and Secretary for my Limited Liability
Company. Please add President: Yerenia
Lozada and please add Secretary:
Yerenia Lozada

OR



Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

OR



The electronic transmission of the record was defective.

Signature of Authorized Representative

Date

Y Lozada

5-12-2014

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)