

L16000201216

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

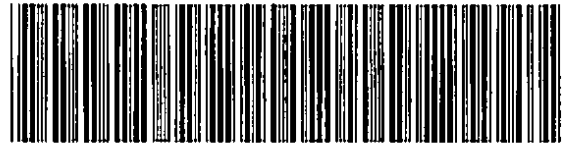
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12/17/21--01017--015 **25.00

FILED
2021 DEC 17 AM 11:43
SECRETARY OF STATE
TALLAHASSEE, FL 32311

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SPEECH 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

Name of Person

SPEECH THERAPY OPTIONS PLLC

Firm/Company

1415 N OHIO AVE #177

Address

LIVE OAK, FL 32064

City/State and Zip Code

sjpittman@windstream.net

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

For further information concerning this matter, please call:

SHEILA PITTMAN, OFFICER

386 397-4883
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" 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 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**

FILED

SPEECH THERAPY OPTIONS PLLC

2021 DEC 17 AM 11:43

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 11/01/2016 and assigned
Florida document number L16000201216.

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)

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:

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

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

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

ARTICLES/BYLAWS/OPERATING AGREEMENT AMENDMENT

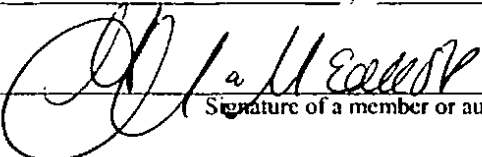
AMEND THE FOLLOWING

BENEFITS FOR REGISTERED AGENT, OWNER(S), PARTNER(S), OFFICER(S), MANAGER(S), MEMBER(S).
SPEECH THERAPY OPTIONS, PLLC WILL PROVIDE AND OR REIMBURSE WORK RELATED EXPENSE
FOR BUSINESS USE INVOLVING VEHICLE AND USAGE, COMMUNICATION EXPENSES, SUPPLIES,
AND WORK RELATED EXPENSES. SPEECH THERAPY OPTIONS, PLLC WILL PROVIDE OR
REIMBURSE MEDICAL BENEFITS /PREMIUMS FOR QUALIFYING PERSONNEL AS FUNDS ARE
AVAILABLE UP TO 50%. SPEECH THERAPY OPTIONS, PLLC WILL PROVIDE REIMBURSEMENT FOR
BOOKKEEPING EXPENSES AND PROFESSIONAL SERVICES.

E. Effective date, if other than the date of filing: 12/14/2021 **(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 14, 2021


Signature of a member or authorized representative of a member

GINA MARLER

Typed or printed name of signee