

LD7000033725

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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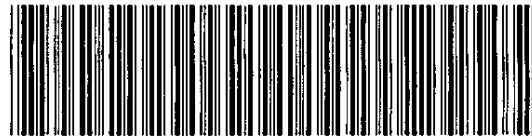
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
JUL 21 2010
EXAMINER

COVER LETTER

STO Registration Section
Division of Corporations

SUBJECT: M.D. GAVIN AND ASSOCIATES, 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:

MARISA WALKER-GAVIN

Name of Person

M.D. GAVIN AND ASSOCIATES

Firm/Company

2757 SANDALWOOD DRIVE NORTH

Address

TALLAHASSEE, FL 32305

City/State and Zip Code

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

For further information concerning this matter, please call:

MARISA WALKER-GAVIN

Name of Person

at (214)

770-2522

Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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/COURIER ADDRESS:

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

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

M.D. GAVIN AND ASSOCIATES, LLC

(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 03/29/2007 and assigned
Florida document number L07000033725.

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)

2757 SANDALWOOD DRIVE NORTH

TALLAHASSEE, FL 32305

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SAME

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:

MARISA WALKER-GAVIN

New Registered Office Address:

2757 SANDALWOOD DRIVE NORTH

Enter Florida street address

TALLAHASSEE

Florida

32305

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 608, 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.

Marisa Walker-Gavin
If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	MARISA WALKER-GAVIN	2757 SANDALWOOD DRIVE NORTH TALLAHASSEE, FL 32305	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	OLELEKAN ADENISIMI	2100 S. GREAT SOUTHWEST PKWY #801 GRAND PRAIRIE, TX 75051	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	CANDICE WALKER	2757 SANDALWOOD DRIVE NORTH TALLAHASSEE, FL 32304	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	EMANUEL DOUGLAS	2757 SANDALWOOD DRIVE NORTH TALLAHASSEE, FL 32304	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated

Marisa Walker-Gavin

Signature of a member or authorized representative of a member

MARISA WALKER-GAVIN

Typed or printed name of signer

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 JUL 21 PM 4:20

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