## L08000044256

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O9 JUN 22 PH 2: 15
SECRETARY OF STATE
SECRETARY OF



J. BRYAN

JUN 2 4 2009

**EXAMINER** 



## FLORIDA DEPARTMENT OF STATE Division of Corporations

June 12, 2009

LAVIN & COMPANY, LLC 8141 W 36TH AVE, 5 HIALEAH GARDENS, FL 33018

SUBJECT: LAVIN & COMPANY, LLC.

Ref. Number: L08000044256

We have received your document for LAVIN & COMPANY, LLC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

The document number of the name conflict is #L07000049944, ONE STOP GROUP LLC.

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) 245-6043.

Letter Number: 109A00019939

Joey Bryan Regulatory Specialist II SECRETARY OF STATE

## **COVER LETTER**

ТӨ:	Registration S Division of Co			
SUBJECT: Lavin & Company, LLC				
		**************************************	ted Liability Company	
.The en	closed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please	return all corresp	ondence concerning this matter	to the following:	
•			Eduardo Lavin	SECTION J
			Name of Person	09 JUN 22 PH 2: 15 SECRETARY OF STATE TALL ANASSEE, FLORID
			Firm/Company	PH 2
	8141 W 36th Ave, Unit # 5		2: 15 STATE LORID	
		I E-a	Address	Ð
		Hiai	eah Gardens, FL 33018 City/State and Zip Code	
		lavi E-mail address: (	n.eduardo@gmail.com to be used for future annual report notification	n)
For fu	rther information	concerning this matter, please of	·	,
	· · · · · · · · · · · · · · · · · · ·	duardo Lavin		-7583
	Name	of Person	Area Code & Daytime Tele	phone Number
Enclos	sed is a check for	the following amount:		
<b>₹</b> 25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Regis Divisi P.O. I	LING ADDRESS: tration Section ion of Corporations Box 6327 nassee, FL 32314	STREET/COURIER A Registration Section Division of Corporation Clifton Building 2661 Executive Center ( Tallahassee, FL 32301	s

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lavin & Company, LLC

(Name of the )	Limited Liability Company as it now a (A Florida Limited Liability Comp	ppears on our records.)	
The Articles of Organization for this Lir	mited Liability Company were filed or	05/02/08	and assigned
Florida document numberL080	*		ECR.
•			弱る「
This amendment is submitted to amend	the following:		JUN 22 PM 2: 15
A. If amending name, enter the new r	name of the limited liability compan	<u>v here</u> :	FLC ST
	One Stop Accounting Solutions	s, LLC	ORIE 5
The new name must be distinguishable and "L.L.C."	l end with the words "Limited Liability C	ompany," the designation "	LLC" or the abbreviation
Enter new principal offices address, if	f applicable:		
(Principal office address MUST BE A	STREET ADDRESS)		
Enter new mailing address, if applical	ble:		
(Mailing address MAY BE A POST OF			W- 4-711 1
B. If amending the registered agent registered agent and/or the new registered agent		on our records, <u>enter</u>	the name of the new
Name of New Registered Ager	<u> </u>		
New Registered Office Addres	<u></u>		
		Enter Florida street address	
		, Florida	
	Citv		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.

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = M MGRM =	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
•	<del></del>		
			<u> </u>
			- n
			AddRemove
			AddRemove
D. If amer	nding any other information,	enter change(s) here: (Attach additional sheets, if	O9 JUN 22 PM 2: 16 SECRE PARY OF STATE LAHLASSEE, FLORIDA
Dated	June 18		
	Signature	e of a member or authorized representative of a member	
	Signature	Eduardo Lavin	1
		Typed or printed name of signee	· <del></del>

Page 2 of 2

Filing Fee: \$25.00