

L17000002352

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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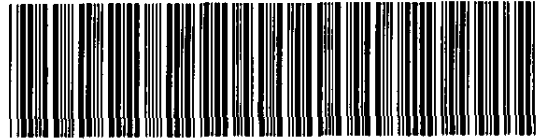
(Business Entity Name)

(Document Number)

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K. SALY  
FEB 22 2018

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: THE GAVIN GROUP & ASSOCIATES  
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:

DWAYNE GAVIN  
Name of Person

MARTHA WASHINGTON

5517 GREEN MEADOWS CT  
Address

TALLAHASSEE, FL 32303  
City/State and Zip Code

dgavin1@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DWAYNE GAVIN at (850) 728-0815  
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/COURIER ADDRESS:  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

THE GAVIN GROUP & ASSOCIATES LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on 6/27/2017 and assigned  
Florida document number L17000002352.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

L17000002352

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

City, Florida

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

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

SEE ATTACHMENT ARTICLE VI OTHER  
PROVISIONS

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (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 2-22, 2018



Signature of a member or authorized representative of a member

DWAYNE GAVIN

Typed or printed name of signer

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Article VI

Other Provisions

The name of the limited liability company is to be The Gavin Group & Associates, LLC

#1

The purpose or purposes for which the company is organized is to engage in:

**Property Acquisition:**

The Company shall further have unlimited power to engage in or to perform any and all lawful acts pertaining to the management of any lawful business as well as to engage in and to do any lawful act concerning any and all lawful business for which a Limited Liability Company may be organized under the Florida Limited Liability Company Act and any amendments thereto.

#2

The Company shall continuously maintain an agent in the State of Florida for service of process who is an individual residing in said state. The business name and address of the initial registered agent shall be:

*Registered Business Name & Address*

THE GAVIN GROUP & ASSOCIATES, LLC  
5517 GREEN MEADOWS CT.  
TALLAHASSEE, FL. 32303

#3

Names of all members/managers

Manager #1 Dwayne Gavin

Manager #2 Martha Washington

DATED 9 March 8 2018.

#4

Management statement

This limited liability company will be managed by its Managers

#5

Records required to be kept at the principal office include, but are not limited to the following:

**#6**

A current list in alphabetical order of the full name and address of each member and each manager.

**#7**

A copy of the stamped certificate of Organization and all certificates of amendments thereto.

**#8**

Copies of all tax returns and financial statements of the company for the three most recent years.

**#9**

A copy of the company's operating agreement and minutes of each meeting of members.

**#10**

The street address of the principal place of business is: 5517 Green Meadows Ct. Tallahassee, FL 32303

**#11**

**The duration of the company shall be perpetual**

**Distribution Language:**

**The Members/Managers may in their discretion distribute the profits and/or capital of the LLC business pro rata or non-pro rata as they deem advisable. If the Members/Managers make non-pro rata distributions, those distributions shall be taken into account in recalculating each Members/Managers Capital Account (and/or Drawing Account) at the end of the LLCs fiscal year.**

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