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COVER LETTER

TO: Registration Division of	Section Corporations		
Gavilan	, LLC		
SUBJECT:	1	Vame of Limited Lish	ility Company
Dear Sir or Madam:			
The enclosed Stateme	ent of Correction and fec(s) a	re submitted for filin	g.
Please return all corre	espondence concerning this r	natter to the following	g:
Emest W. Sturges, Jr	:		_
	Name of Person		•
Goldman, Tisco & St	turges, P.A.		
	Firm/Company		•
701 JC Center Ct, Su	ite 3		
	Address		-
Port Charlotte, Florid	la 33954		
	City/State and Zip Code		-
esturges@gtslawfirm	ı.com		
E-mail address:	(to be used for future annua	report notification)	•
For further information	on concerning this matter, pl	ease call:	
Ernest W. Sturges, J.		941	625-6666
	ne of Person	at /Area Code	Daytime Telephone Number
Division of P.O. Box	on Section of Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check	for the following amount:		
ÆI\$25 Filing Fee	S30 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 (E)

Pursua FIRST	nt to section 605.0209, F.S., The name of the limited lia	this document is being submitte Gavilan, LLC bility company is:	ed to correct a previously file of the correct and correct and correct a previously file of the correct and			
SECO	ND: The Florida Docur	ent number of the limited liab	ility company is:			
•			on			
<u>THIRI</u>	-		IPLETE THE APPLICABLE STATEMENT			
0	Contains an incorrect stater statement are as follows:	nent. The incorrect statement,	the reason the statement is incorrect, and the corrected			
	OR					
	as follows:	ic mainter in which the decan	ent was defectively signed and the appropriate correction are			
	The electronic transmission	of the record was defective.				
	Ernest W. Sturges, Jr. 05/13		05/13/2027			
	Signature of Aut	horized Representative	Date			
New R I hereb provisi obligat reflect	ure of new registered agent, i ing the designation). egistered Agent's Signature, by accept the appointment as ons of all statutes relative to	fapplicable: (NOTE: if correct if changing Registered Agent: registered agent and agree to a the proper and complete perform ared agent as provided for in C fice address, I hereby confirm to	ing the registered agent, the new registered agent must sign act in this capacity. I further agree to comply with the mance of my duties, and I am familiar with and accept the hapter 605, F.S. Or, if this document is being filed to merely hat the limited liability company has been notified in writing			
	Registered Agent's Signature					
		Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional)			