

L0300000/3201

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

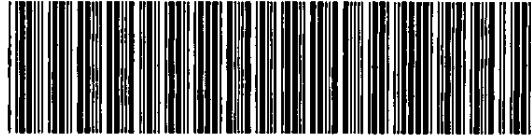
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2015 NOV -2 PM 6:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
NOV - 3 2015



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 15, 2015

AVISTA TECHNOLOGIES, LLC
5353 CONROY RD.
SUITE 200
ORLANDO, FL 32811

SUBJECT: AVISTA TECHNOLOGIES, LLC
Ref. Number: L03000013201

RECEIVED
15 NOV -2 PM 4:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for AVISTA TECHNOLOGIES, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have listed Anil Valbh on page 2 of 3, but you did not check the box for "Add", "Remove" or "Change". What do you wish to do?

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) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 015A00021915

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

AVISTA TEHCNOLOGIES, LLC

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

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 04/10/2003 and assigned
Florida document number L03000013201.

This amendment is submitted to amend the following:

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

AVISTA TECHNOLOGY, LLC

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

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>
MGR	ANIL VALBH	5353 CONROY ROAD	<input checked="" type="checkbox"/> Add
		SUITE 200	<input type="checkbox"/> Remove
		ORLANDO FLORIDA 32811	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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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.

Dated SEPTEMBER 28 2015

Signature of a member or authorized representative of a member

ANIL VALBH AS MANAGER

Typed or printed name of signee