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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: AVISAR 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:

KEREN ADMONI, ESQ.
Name of Person

KEREN SAPAN, P.A.
Firm/Company

8043 TWIN LAKE DRIVE
Address

BOCA RATON, FL 33496
City/State and Zip Code

KEREN@KSAPANLAW.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KEREN ADMONI at (561) 542-6728
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

AVISAR, LLC

Page 1 of 3

MGR = Manager
AMBR = Authorized Member

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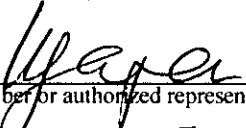
Page 2 of 3

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated February 16, 2014.


Signature of a member or authorized representative of a member
Iceren Admuri Esq.
Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

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