

# L11000037013

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

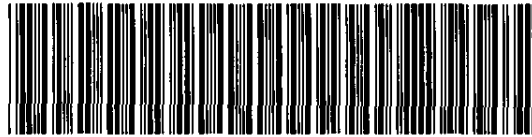
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

- NO charge  
Due to SOS.  
error on initial  
filing.  
- Name granted  
in error. - belt

Office Use Only

Sam Talari GAVE  
AUTHORIZATION BY PHONE TO  
DIRECT new name  
DATE 4/6/12  
CC: EXAM belt



900215669989

FILED  
2012 APR -6 AM 10:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B Tadlock APR 06 2012



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 10, 2012

AVESTA, LLC  
6365 53RD STREET NORTH  
PINELLAS PARK, FL 33781 US

SUBJECT: AVESTA, LLC  
Ref. Number: L11000037013

This is to advise you that on March 28, 2011, we filed your limited liability company under the above name, which was not available.

Therefore, we request that you file an amendment, at no charge, to change the name of your limited liability company to make it distinguishable from the existing entity. We have enclosed forms and guidelines for your assistance.

We apologize for this inconvenience and trust that you understand the urgency in completing this amendment, and returning it along with a copy of this letter to my attention as soon as possible.

If you have any questions, please call (850) 245-6051.

Sincerely,

Brenda Tadlock  
Senior Section Administrator  
Registration/Qualification Section

Letter Number: 212A00006101

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Avesta, 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:

Sam Talari  
Name of Person

Inbrax  
Firm/Company

6365 53rd Street North  
Address

Pineellas Park, FL 33781  
City/State and Zip Code

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

For further information concerning this matter, please call:

Sam Talari at 727 417 9338  
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

Avesta, LLC

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

FILED  
2012 APR -6 AM 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 3/28/2011 and assigned  
Florida document number L11000037013

This amendment is submitted to amend the following:

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

Persis Ventures, LLC

The new name must be distinguishable and end with 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 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing 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"/> Add <input type="checkbox"/> Remove
		/	<input type="checkbox"/> Add <input type="checkbox"/> Remove
		/	<input type="checkbox"/> Add <input type="checkbox"/> Remove
		/	<input type="checkbox"/> Add <input type="checkbox"/> Remove
		/	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

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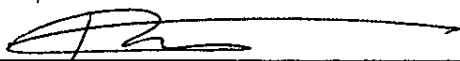


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Dated 3/31/12



Signature of a member or authorized representative of a member

Sam Talar

Typed or printed name of signee