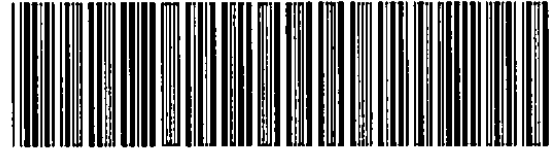


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2020 AUG - 7 AM 8:48  
SECRETARY OF STATE  
TALLAHASSEE, FL

\_\_\_\_\_  
(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:

Office Use Only

AUG 10 2020

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PERSISST, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

M. KEITH MARSHALL, ESQ.  
Name of Person

M. KEITH MARSHALL, P.A.  
Firm/Company

23 MURANO DRIVE  
Address

WEST WINNERS, N.J. 08550  
City/State and Zip Code

KMARSHALL1231@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KEITH MARSHALL at (305) 785-5553  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount: ALREADY PAID

- \$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 Address:  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

TO  
ARTICLES OF ORGANIZATION  
OF

PERSISST, LLC

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

The Articles of Organization for this Limited Liability Company were filed on JUNE 3, 2020 and a Florida document number L0000151504.

This amendment is submitted to amend the following:

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

ASSIST IT, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "

Enter new principal offices address, if applicable:

N.A.

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N.A.

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE FL

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new agent and/or the new registered office address here:**

Name of New Registered Agent:

N.A.

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 or removed from our records:

MGR = Manager

AMBR = Authorized Member

Title                      Name                                      Address                                      Type of A

\_\_\_\_\_ N.A. \_\_\_\_\_  Add

\_\_\_\_\_  Remove

\_\_\_\_\_  Change

\_\_\_\_\_ N.A. \_\_\_\_\_  Add

\_\_\_\_\_  Remove

\_\_\_\_\_  Change

\_\_\_\_\_ N.A. \_\_\_\_\_  Add

\_\_\_\_\_  Remove

\_\_\_\_\_  Change

\_\_\_\_\_ N.A. \_\_\_\_\_  Add

\_\_\_\_\_  Remove

\_\_\_\_\_  Change

\_\_\_\_\_ N.A. \_\_\_\_\_  Add

\_\_\_\_\_  Remove

\_\_\_\_\_  Change

\_\_\_\_\_ N.A. \_\_\_\_\_  Add

\_\_\_\_\_  Remove

\_\_\_\_\_  Change

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

N.A.

Multiple horizontal lines for amending information.

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TALLAHASSEE, FL

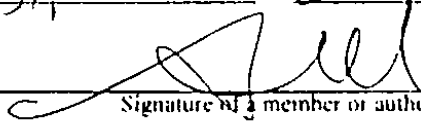
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 605.021

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as 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 July 31, 2020



Signature of a member or authorized representative of a member

M. KEITH MARSHALL, ESQ

Typed or printed name of signee

Filing Fee: \$25.00