

L16 000210968

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

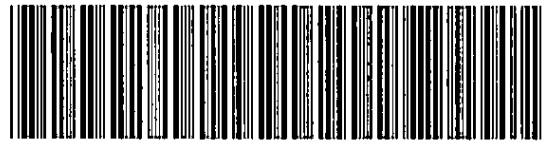
(Document Number)

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

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APR 26 2021

21 APR 26 PM 3:16

OFFICE OF THE CLERK OF SUPERIOR COURT

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** BIG SAS ENTERPRISE 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:

ADRIAN SHIM  
Name of Person

BIG SAS ENTERPRISE LLC  
Firm/Company

10579 NW 53<sup>RD</sup> STREET  
Address

SUNRISE, FL 33351  
City/State and Zip Code

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

For further information concerning this matter, please call:

ADRIAN SHIM at (954) 643-6890  
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 Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



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

2025 APR 26 PM 3:17  
DIVISION OF ACCOUNT SERVICES

<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"/> Change
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			<input type="checkbox"/> Change

(N/A)

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

I would like to update the physical address of my business to: 21 APR 26 PM 3:17

10579 NW 53<sup>RD</sup> STREET  
SUNRISE, FL 33351

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 605.0207 (3)(b)

**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.

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 3/24, 2021

Signature of a member or authorized representative of a member

ADRIAN SHIM

Typed or printed name of signer