

L15000148361

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

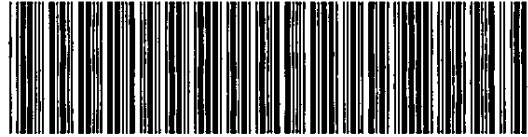
(Business Entity Name)

(Document Number)

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

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2015 OCT 14 AM 10:27  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

OCT 15 2015  
J. HARRIS

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# COVER LETTER

## Express Help LLc

Telephone #- 561 777 4431

Return Address- 18 southern cross cir apt 204 Boynton Beach, Fl 33436

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Express help 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:

Delva Clervoyant  
Name of Person

Express help LLC  
Firm/Company

200 Knuth Rd. Suite 236  
Address

Boynton Beach FL, 33436  
City/State and Zip Code

~~Delva~~ D.C. Clervoyant@expresshelp.us  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Delva Clervoyant at (561) 777-4431  
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

Expresshelp LLC

Page 1 of 3

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	Delva Clermont	200 Knuth Rd.	<input checked="" type="checkbox"/> Add
		Boynton Beach FL, 33436	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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[illegible]

(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)

(b) The 90th day after the record is filed.

Dated October 9, 2015

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Delva Clervoyant  
Typed or printed name of signee

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA