

L16000051131

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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16 SEP 22 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT

SEP 26 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Truly Helpful, 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:

Gerald J Segal

Name of Person

Firm/Company

210 Willoughby Dr.

Address

Naples, FL 34110

City/State and Zip Code

jaisegal@outlook.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gerald J Segal

239

216 7688

at (_____) _____

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Truly Helpful, 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>
MGRM	Gerald J. Segal	210 Willoughby Dr.	<input type="checkbox"/> Add
		Naples, FL 34110	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Gerald J. Segal	210 Willoughby Dr.	<input checked="" type="checkbox"/> Add
		Naples, FL 34110	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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 TALLAHASSEE, FLORIDA

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

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TALLAHASSEE, FLORIDA

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 September 18 2016

Donald J. Heged
Signature of _____

Gerald J. Segal

Typed or printed name of signee