

L19000114613

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

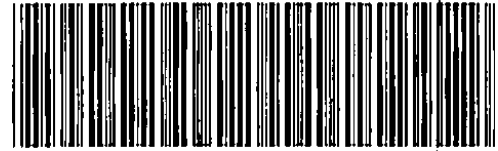
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Big 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:

John Cressshaw

Name of Person

Big Help LLC

Firm/Company

189 Rotonda Circle

Address

Rotonda West FL 33947

City/State and Zip Code

bighelpLLC@gmail.com

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

For further information concerning this matter, please call:

John Cressshaw

Name of Person

at 239

Area Code

887-9647

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

Big Help LLC

The Articles of Organization for this Limited Liability Company were filed on 7/26/2017 and Florida document number L19000114613

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person or removed from our records:

MGR = Manager


AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Typ</u>
MGR	John Gresham	189 Rotonda Circle Rotonda West FL 33947	<input checked="" type="checkbox"/> I
			<input type="checkbox"/> C
			<input type="checkbox"/> /
			<input type="checkbox"/> R
			<input type="checkbox"/> C
			<input type="checkbox"/> A
			<input type="checkbox"/> Re
			<input type="checkbox"/> Cha
			<input type="checkbox"/> Add
			<input type="checkbox"/> Rem
			<input type="checkbox"/> Char
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remo
			<input type="checkbox"/> Chan
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remo
			<input type="checkbox"/> Chang

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be the document's effective date on the Department of State's records.

Dated Sept. 23 2019, _____


Signature of a member or authorized representative

Signature of a member or authorized representative of a member

John Crosshaw

Typed or printed name of signee