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### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Bi6 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 Crashaeur Name of Person	
Bis Help LLC Firm/Company	
189 Rotonda Circle	
Rotonda Cuest FL 3396  City/State and Zip Code  bighelpLLC D Guar L. Com  E-mail address: (to be used for future annual report notification)	17
For further information concerning this matter, please call:	
John Cresslace at 239, 887-9647  Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:  \$25.00 Filing Fee \$\Bigcup \text{S30.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$60.00 Filing Fee. Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$60.00 Filing Fee. Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$60.00 Filing Fee. Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$60.00 Filing Fee.} \text{\$60.00 Filing Fee.} \$\Bigcup \$60.00 Filing F	

#### 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

15i6 Help	LLC	
( <u>Name of the Limited Li</u> (A Fl	iability Company as it now appears on our records.) lorida Limited Liability Company)	
The Articles of Organization for this Limited Liabili Florida document number <u>4/9000</u> /	ity Company were filed on 4/26/2019	and
This amendment is submitted to amend the followin	ng:	
A. If amending name, enter the new name of the	limited liability company here:	
The first the new matter of the	Marked Habital Company Merc	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the abbreva	ation
Enter new principal offices address, if applicable	;;	
(Principal office address MUST BE A STREET AI	DDRESS)	
		} ·
	 !	
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
B. If amending the registered agent and/or r registered agent and/or the new registered office	registered office address on our records, <u>enter the</u> <u>address here</u> :	nam.
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	<del> </del>
New Registered Office Address:	Enter Florida street address	<u> </u> 
	, Florida	
	•	Tîp Code
New Registered Agent's Signature, if changing Regis		
provisions of all statutes relative to the proper an accept the obligations of my position as registere	gent and agree to act in this capacity. I further agree to not complete performance of my duties, and I am familed agent as provided for in Chapter 605, E.S. Or, if the stered office address, I hereby confirm that the limited nge.	liar wi us doc
	If Changing Registered Agent, Signature of New Registe	red Ago

	ng Authorized Per: d from our record:		ige, <u>enter the title, name, and address of each</u>	perso
MGR = 3 AMBR =	Manager Authorized Memb	er		
<u>Title</u> M <u>6</u> R	Name John	Crewshaw	Address  189 Rotonthy Circle Rotonila West FL 3394	Typ
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D. If amo	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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(If an eff	ive date, if other than the date of filing:	
	ent's effective date on the Department of State's records.	
If the ve		. ]
	ford specifies a delayed effective date, but not an effective time, at 12:01 a.m. on t 90th day after the record is filed.	ne ea
	C 02 2016	
Dated	Sept. 23 2019.	
•	Signature of a member or authorized representative of a member	
	John Creshaw Typed or printed name of signee	
	Typed or printed name of signee	
	Page 3 of 3	

Filing Fee: \$25.00