

120000284045

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

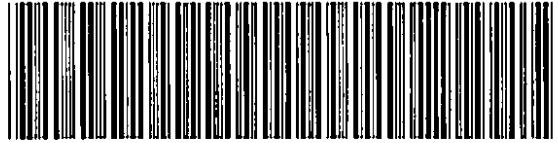
(Business Entity Name)

(Document Number)

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

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2020 NOV 19 PM 12:28

1/6/21

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SMOOTH HELPER, 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:

GALIA BALDRIDGE  
Name of Person

SMOOTH HELPER, LLC  
Firm/Company

2459 FRANCISCAN DR., APT 71  
Address

CLEARWATER, FL 33763  
City/State and Zip Code

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

For further information concerning this matter, please call:

GALIA BALDRIDGE at (206) 427-1431  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |                                                        |                                                                        |                                                                                                  |                                                                                                                            |
|--------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

OTOW HELPERS, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 9/11/2020 and assigned  
Florida document number L20000284045

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

SMOOTH HELPER, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

2459 FRANCISCAN DR., APT. 71  
CLEARWATER, FL  
33763

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

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**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

GALIA BALDRIDGE

New Registered Office Address:

2459 FRANCISCAN DR., APT. 71

Enter Florida street address

CLEARWATER

City

Florida

33763

Zip Code

**New Registered Agent's Signature, if changing Registered Agent:**

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Galia Baldrige

If Changing Registered Agent, Signature of New Registered Agent

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

MGR		GALIA BALDRIDGE		2459 FRANCISCAN DR.		CLEARWATER, FL -		33763	
								<input checked="" type="checkbox"/>	Add
								<input type="checkbox"/>	Remove
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								<input type="checkbox"/>	Remove
								<input type="checkbox"/>	Change

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(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)

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 11/17/2020

Calvin B.

Signature of a member or authorized representative of a member

GALIA BARRIDGE

Typed or printed name of signee

# APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

Note: Acknowledgements/certificates will be sent to the address in Section 1 only.

Section 1

1. SMOOTH HELPER  
Fictitious Name to be Registered (See instructions if name includes a business entity suffix or indicator)
2. 2459 FRANCISCAN DR. APT. 71  
Mailing Address of Business  
CLEARWATER FL 33763  
City State Zip Code
3. Florida County of principal place of business: PINELLAS  
(See instructions if more than one county)
4. FEI Number: 85-3087778

G20000145391  
11/12/20--01030--010 \*\*50.00

This space is for office use only  
CR4E001 (6/17)

Section 2

## A. Owner(s) of Fictitious Name If Individual(s): (Use an attachment if necessary)

1. BALDRIDGE GALIA 2. \_\_\_\_\_  
Last First M.I. Last First M.I.  
2459 FRANCISCAN DR. APT 71  
Address Address  
CLEARWATER FL 33763  
City State Zip Code City State Zip Code

## B. Owner(s) of Fictitious Name If Entity: (Use an attachment if necessary)

2. \_\_\_\_\_ 2. \_\_\_\_\_  
Entity Name Entity Name  
Address Address  
City State Zip Code City State Zip Code  
Florida Document Number: \_\_\_\_\_ Florida Document Number: \_\_\_\_\_  
FEI Number: \_\_\_\_\_ FEI Number: \_\_\_\_\_  
☐ Applied For ☐ Not Applicable ☐ Applied For ☐ Not Applicable

Section 3

I, the undersigned, being an owner in the above fictitious name, certify that the information indicated on this form is true and accurate. In accordance with Section 865.09, F.S., I further certify that the fictitious name to be registered has been advertised at least once in a newspaper as defined in chapter 50, Florida Statutes, in the county where the principal place of business is located. I understand that the signature below shall have the same legal effect as if made under oath and I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Galia B. 10/27/20  
Signature of Owner in Section 2 Date

Email Address: (to be used for future renewal notification)

Phone Number: (206) 427-1431

Section 4

## FOR CANCELLATION COMPLETE SECTION 4 ONLY:

## FOR FICTITIOUS NAME OR OWNERSHIP CHANGE COMPLETE SECTIONS 1 THROUGH 4:

I (we), the undersigned, hereby cancel the fictitious name OTOW HELPERS, LLC  
which was registered on 9/11/20 and was assigned registration number L26000284045  
Galia B. 10/27/20  
Signature of Owner of Registration being Cancelled Date Signature of Owner of Registration being Cancelled Date

Mark the applicable boxes ☐ Certificate of Status- \$10 ☐ Certified Copy- \$30

NON-REFUNDABLE PROCESSING FEE: \$50