

P17000030595

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

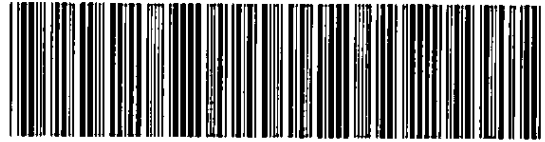
(Business Entity Name)

(Document Number)

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09/27/21--01008--005 **35.00

SECRETARY OF STATE
TALLAHASSEE, FL

2021 OCT 18 AM 11:29

FILED

OCT 19 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

FILED

2021 OCT 12 PM 1:42

October 5, 2021

ERNESTO HELO
8890 NW 99TH AVENUE
MEDLEY, FL 33178

SUBJECT: E HELO'S FAMILY CORP
Ref. Number: P17000030595

We have received your document for E HELO'S FAMILY CORP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

PLEASE CHECK ONLY BOX

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Catherine M Brumbley
Regulatory Specialist II

Letter Number: 921A00024093

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: E HELO'S FAMILY CORP

DOCUMENT NUMBER: P17000030595

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

HELO, ERNESTO
Name of Contact Person
E HELO'S FAMILY CORP
Firm/ Company
8890 NW 99TH AVENUE
Address
MEDLEY, FL 33178
City/ State and Zip Code
NPINZON@ALLBSOLUTIONS.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HELO, ERNESTO at (954) 668-3601
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
|---|---|--|--|

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

E HELO'S FAMILY CORP

(Name of Corporation as currently filed with the Florida Dept. of State)

P17000030595

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

N/A

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

**B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)**

8890 NW 99TH AVENUE

MEDLEY, FL 33178

**C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)**

8890 NW 99TH AVENUE

MEDLEY, FL 33178

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent YAMHURE, ERNESTO

8890 NW 99TH AVE

(Florida street address)

New Registered Office Address: MEDLEY, Florida 33178
(City) (Zip Code)

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

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.


Signature of New Registered Agent, if changing

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

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TALLAHASSEE, FL

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

Change PT John Doe

Remove V Mike Jones

Add SV Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input checked="" type="checkbox"/> Change	<u>P</u>	<u>HELO, ERNESTO</u>	<u>8890 NW 99TH AVENUE</u>
<input type="checkbox"/> Add			<u>MEDLEY, FL 33178</u>
<input type="checkbox"/> Remove			
2) <input checked="" type="checkbox"/> Change	<u>VP</u>	<u>YAMHURE, JENNY</u>	<u>8890 NW 99TH AVENUE</u>
<input type="checkbox"/> Add			<u>MEDLEY, FL 33178</u>
<input type="checkbox"/> Remove			
3) <input checked="" type="checkbox"/> Change	<u>S</u>	<u>HELO, SAMIR</u>	<u>8890 NW 99TH AVENUE</u>
<input type="checkbox"/> Add			<u>MEDLEY, FL 33178</u>
<input type="checkbox"/> Remove			
4) <input checked="" type="checkbox"/> Change	<u>T</u>	<u>HELO, KARINA</u>	<u>8890 NW 99TH AVENUE</u>
<input type="checkbox"/> Add			<u>MEDLEY, FL 33178</u>
<input type="checkbox"/> Remove			
5) <input checked="" type="checkbox"/> Change	<u>D</u>	<u>HELO, ERIKA</u>	<u>8890 NW 99TH AVENUE</u>
<input type="checkbox"/> Add			<u>MEDLEY, FL 33178</u>
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change	<u>N/A</u>		
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

09/01/2021

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

09/01/2021

Effective date if applicable: _____
(no more than 90 days after amendment file date)

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.

Adoption of Amendment(s) (CHECK ONE)

The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval
by 100% _____"
(voting group)

Dated 09/15/2021 _____



Signature _____

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

HELO, ERNESTO

(Typed or printed name of person signing)

P

(Title of person signing)