G67803

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A. RAMSEY APR -16 2024

COVER LETTER

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TO: Amendment Sec Division of Corp		,		
NAME OF CORPO	RATION: HELGA WAGNER	R. INC.		
DOCUMENT NUM				
	of Amendment and fee are sul	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	JENNIFER SMITH			
		Name of Contact Person	1	
	JENNIFER R. SMITH, P.A.			
		Firm/ Company		
	1200 N. FEDERAL HIGHWA	AY, SUITE 300		
		Address		
	BOCA RATON, FL 33432			
		City/ State and Zip Code		
	JEN@SOUTHFLORIDA-CP	A.COM		
	E-mail address: (to be us	sed for future annual report	notification)	
For further informatic	on concerning this matter, pleas	se call;		
JENNIFER SMITH		at (561) 997-6797 Area Code & Daytime Telephone Number		
Name	of Contact Person	Area Coo	de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made	payable to the Florida Depa	ortment of State:	
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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

FILED

HELGA WAGNER, INC.	2024 HAR 20 PM 12 17
(Name of Corporation as c	currently filed with the Florida Dept. of State)
G67803	DI CETARY OF STATE TALLARASSES FLORIDA
(Document Nu	umber of Corporation (if known)
Pursuant to the provisions of section 607.1006. Florida Statut its Articles of Incorporation:	tes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpora	tion:
	The new
	tion," "company," or "incorporated" or the abbreviation "Corp.," Co". A professional corporation name must contain the word 1 "P.A."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>	()
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office:	
Name of New Registered Agent	
(F7	lorida street address)
New Registered Office Address:	, Florida (City) (Zip Code)
	(Sily)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am for	
Signature o	of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is are being tiled pursuant to s. 607.0120 (11) (e), F.S.

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:

 $P_{|V|}$ 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:	10/42	1.16.45				
X Change	PT	John Doe				
X Remove	<u>V</u>	Mike Jones				
X Add	<u>sv</u>	Sally Smith				
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s			
1) Change	VP	CATHERINE ADLER	1100 SOUTH FLAGLER DR.			
Add			APT. 1701			
X Remove			WEST PALM BEACH, FL 33401			
2) Change						
Add						
Remove 3) Change						
Add						
Remove						
4) Change						
Add						
Remove						
5) Change		_				
Add						
Remove						
6) Change						
Add			 			
Remove						

Attach <i>addi</i> i	g or adding additi tional sheets, if nee	cessary). (Be	specific)	<u>, 11010</u> .			
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provisions	dment provides for implementing	g the amendme	. reclassificatio	n, or cancellat	ion of issued sha endment itself:	ıres,	
(if not	applicable, indica	te N/A)					
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The date of each amendment(s) date this document was signed.	adoption:, if other than
:	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this date will not be listed as Department of State's records.
Adoption of Amendment(s)	(CHECK ONE)
■ The amendment(s) was/were a action was not required.	adopted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval
by	
	(voting group)
Dated	34,2024
(ky: selec	director, president or other officer – if directors or officers have not been sted, by an incorporator – if in the hands of a receiver, trustee, or other court sinted fiduciary by that fiduciary)
	HELMUT KOLLER
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of nerson signing)

the

the