L10000081792

. (Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
, PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
_					

Office Use Only



600200645276

04/08/11--01008--019 **60.00

OIL APR -8 AM 10 46 SECRETARY OF STATE

T. CLINE
APR 1 1 2011

EXAMINER

GEORGE A. HELM, III, P.A. ATTORNEY AT LAW

* GEORGE A. HELM, III JOHN C.E. SUNG GEORGE W. BORING, III * BRIAN B. BOLTON Post Office Box 958464 Lake Mary, FL 32795-8464 Telephone (321) 832-1700 FAX (321) 832-1701 MITZI L. PROTASEVICH, Paralegal TRACY S. MARSHALL, Paralegal

* Florida Bar Board Certified Workers' Compensation Lawyer

April 6, 2011

Registration Section Division of Corporations Clifton Building P.O. Box 6327 Tallahassee, FL 32314

Re Helm Realty, LLC

To Whom It May Concern:

Please find enclosed the Cover Letter, Articles of Amendment to Articles of Organization and check number 3297 in the amount of \$60.00 for the filing fee. Should you have any questions on the foregoing, do not hesitate to contact our office.

Sincerely,

George A. Helm, III

/dlp Enclosures 2011 APR -8 AM DO 46
SECRETARY OF STATE
TALLAHASSEE, FI OBIGA

COVER LETTER

TO:

P.O. Box 6327

Tallahassee, FL 32314

TO:	Registration S Division of Co				
SUBJE	ECT:	Helm	Realty, LLC		
			ited Liability Company		
The end	closed Articles of	f Amendment and fee(s) are sub	omitted for filing.		
Please	return all corresp	ondence concerning this matter	to the following:		
			George A. Helm, III		
			Name of Person		
		Ge	eorge A. Helm, III, P.A.		
			Firm/Company		
_			P.O. Box 958464		
			Address		75 27
		Lak	e Mary, FL 32795-8464		2011 APR -8 SECRETARY ALLAHASSE
			City/State and Zip Code		HAS:
		E-mail address: (helm@pelsusa.com to be used for future annual report notification	on)	[7]
For furt	ther information of	concerning this matter, please c	all:		AH DO 46 OF STATE FLORIDA
	Geo	rge A. Helm, III	at (_321_) 832	2-1700	DA C
	Name (of Person	Area Code & Daytime Tel	ephone Number	
Enclose	ed is a check for t	the following amount:			
\$25.	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &
	Regist	ING ADDRESS:	STREET/COURIER Registration Section		
Division of Corporations		on or Corporations	Division of Corporation	าร	

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

He	elm Realty, LLC			
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appe a Limited Liability Company)	ars on our records.)		
The Articles of Organization for this Limited Liability	Company were filed on	August 3, 2010	and assigned	
Florida document number L10000081792	·			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the li	mited liability company he	ere:		
The new name must be distinguishable and end with the w "L.L.C."	vords "Limited Liability Comp	pany," the designation "LI	LC" or the abbreviation	n
Enter new principal offices address, if applicable:			7 <u>s</u> 26	
(Principal office address MUST BE A STREET ADI	DRESS)			
			ASSE ASSE	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)			STATE &	į
			<u>⇒</u> ''' ©	
B. If amending the registered agent and/or reg	istered office address on Idress here:	our records, enter th	e name of the nev	<u>w</u>
Name of New Registered Agent:				
New Registered Office Address:		nter Florida street addro		
			rss	
	City	, Florida	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 608, 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Members being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	George A. Helm, III	P.O. Box 958464 Lake Mary, FL 32795-8464	Add Remove
MGRM	Elizabeth A. Mahoney, Trustee Ger trude E. Helm Revocable Trust	2408 Bergeron Way Mt. Pleasant SC 29466	Add _☑ Remove
			Add Remove
			Add Remove
		TALL AHA	Add Remove
D. If ame	nding any other information, enter change((s) here: (Attach additional sheets, if necessary)	Resnove
			46
	A 110		_
Dated	April 6 , 201 Signature of a member of	r authorized representative of a member	
	\	printed name of signee Page 2 of 2	
		rage 2 01 2	

Filing Fee: \$25.00