

L150000 67856

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

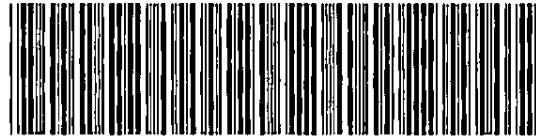
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



400322457364

01/04/19--01012--025 \*\*55.00

FILED

2019 JAN -4 PM 1:03

D. BRUCE  
JAN 12 2019

LAW OFFICES OF  
**JOHN D. O'NEILL**  
ATTORNEY AT LAW AND COUNSELOR

TELEPHONE  
561-366-1212

January 2, 2019

FACSIMILE  
561-366-1236

VIA FEDERAL EXPRESS

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: **HELMK, LLC**  
Document Number: L15000067856  
Amendment of Articles of Incorp. and Resignation of Manager

To Whom It May Concern:

In connection with the above-referenced Florida limited liability company, enclosed please find the following documents:

- (1) Articles of Amendment to Articles of Organization of HELMK, LLC together with the applicable cover sheet and photocopy of the Articles; and
- (2) Dissociation or Resignation of Member, Manager from Florida or Foreign Limited Liability Company together with the applicable cover sheet.

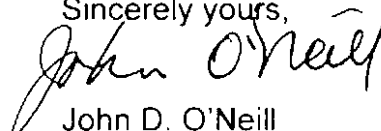
Moreover, I have enclosed bank check no. 5048 in the amount of \$55.00 and bank check no. 5049 in the amount of \$55.00 to cover the filing and certification fees for the above documents as is noted on the cover sheets.

Kindly submit these changes and provide me with the certification documents upon completion.

Should you have any questions in the meantime, please feel free to call or email me.

With best regards, I remain

Sincerely yours,

  
John D. O'Neill

JDO/  
Enclosures

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: HELMK, 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 D. O'Neill, Esq.

\_\_\_\_\_  
Name of Person

John D. O'Neill, P.A.

\_\_\_\_\_  
Firm/Company

44 Cocoanut Row, Ste. M209

\_\_\_\_\_  
Address

Palm Beach, FL 33480

\_\_\_\_\_  
City/State and Zip Code

john@jdopa.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John O'Neill

561

366-1212

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☒ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**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

2019 JAN -4 PM 1:03

FILED

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

HELMK, 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 April 17, 2015 and assigned  
Florida document number L15000067856.

This amendment is submitted to amend the following:

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

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

New Registered Office Address:

*Enter Florida street address*

\_\_\_\_\_, Florida \_\_\_\_\_  
City 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.*

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>            | <u>Address</u>                               | <u>Type of Action</u>                      |
|--------------|------------------------|--|--|
| AMBR         | Kristina Louise Kuhnke | 730 Penn Street<br>West Palm Beach, FL 33401 | <input type="checkbox"/> Add               |
|              |                        |  | <input checked="" type="checkbox"/> Remove |
|              |                        |  | <input type="checkbox"/> Change            |
|              |                        |  | <input type="checkbox"/> Add               |
|              |                        |  | <input type="checkbox"/> Remove            |
|              |                        |  | <input type="checkbox"/> Change            |
|              |                        |  | <input type="checkbox"/> Add               |
|              |                        |  | <input type="checkbox"/> Remove            |
|              |                        |  | <input type="checkbox"/> Change            |
|              |                        |  | <input type="checkbox"/> Add               |
|              |                        |  | <input type="checkbox"/> Remove            |
|              |                        |  | <input type="checkbox"/> Change            |
|              |                        |  | <input type="checkbox"/> Add               |
|              |                        |  | <input type="checkbox"/> Remove            |
|              |                        |  | <input type="checkbox"/> Change            |
|              |                        |  | <input type="checkbox"/> Add               |
|              |                        |  | <input type="checkbox"/> Remove            |
|              |                        |  | <input type="checkbox"/> Change            |

FILED  
2019 JUN -4 PM 1:03  
CLERK OF COURT  
JANICE L. HARRIS

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

7  
8  
9  
10  
11

2019 JAN -4 PM 1:03

1940

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(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)

**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.

(b) The 90th day after the record is filed.

Dated December 12, 2018

X \_\_\_\_\_  
Signature of a member or authorized representative of a member

Kristina Louise Kuhnke

Typed or printed name of signee