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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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C. GOLDEN MAY 2 4 2019

COVER LETTER

| TO: | Registration Sec Division of Corp | | | |
|--------------|--------------------------------------|--|---|--|
| SUBJI | | le & Escrow, LLC | | |
| SUBJ | ECT | Name of Limi | ted Liability Company | |
| The en | nclosed Articles of A | Amendment and fee(s) are sub | nitted for filing. | |
| Please | return all correspon | ndence concerning this matter (| to the following: | |
| | | Guillermo M. Mancebo | | |
| | | | Name of Person | |
| | | Mancebo Law, P.A. | | |
| | | | Firm/Company | |
| | | 7380 South West 48th Street | et | |
| | | | Address | |
| | | Miami, Florida 33155 | | |
| | | gm@mancebolaw.com | City/State and Zip Code | |
| | | E-mail address: (t | o be used for future annual report notif | ication) |
| For fu | rther information co | oncerning this matter, please ca | 11: | |
| Guille | rmo M. Mancebo | | 305 704-8694 at () | |
| | Name of | Person | Area Code Daytime | Telephone Number |
| Enclos | ed is a check for th | e following amount: | | |
| ≅ \$2 | 5.00 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:

TO:

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

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

FILED

2019 MAY 13 PM 3: 17

Synergy Title & Escrow, LLC

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

| (Name of the Limited Liability Compa (A Florida Limited I | iny as it now appears on our records.) Liability Company) | - CLAIT SEEDEN |
|---|--|---------------------------|
| The Articles of Organization for this Limited Liability Company Florida document number L19000117737 | were filed on April 30, 2019 | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | |
| Helm Trust & Title, LLC | | |
| The new name must be distinguishable and contain the words "Limited Liabil | lity 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 of registered agent and/or the new registered office address here | | nter the name of the nev |
| Name of New Registered Agent: | | · |
| New Registered Office Address: | Enter Florida street address | |
| | Liner i torida sireet (adaress | |
| | , Florid | la |
| New Registered Agent's Signature, if changing Registered Agent: | City | Zip Code |

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 = M $AMBR = A$ | lanager uthorized Member | | |
|--------------------|-----------------------------|---------------|----------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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| Effective date if | ather than the date of | filing | | (ontional) |
| If an effective date is | listed, the date must be specif | fic and cannot be prior to de | ite of filing or more than 90 | (optional) days after tiling.) Pursuant to 605.0207 |
| Note: If the date | inserted in this block does ive date on the Departmen | not meet the applicable | statutory filing requirem | ents, this date will not be listed as |
| document server | ive date on the frepartmen | it of State 3 feeding. | | |
| | ifies a delayed effecti after the record is fi | | n effective time, at : | 12:01 a.m. on the earlier of |
| Dated May 9 | \frown 1 | 2019 | | |
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Typed or printed name of signee

Filing Fee: \$25.00