

9/24/21, 3:56 PM

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Division of Corporations

Florida Department of State
Division of Corporations
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2021 OCT -4 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : ITAX GRUP, LLC
Account Number : I20140000115
Phone : (813)882-8426
Fax Number : (813)884-0263

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2021 OCT -4 PM 12: 27

FILED

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: G.F. HELMER@HOTMAIL.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
HELMER HOLDINGS LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

OCT - 5 2021
S. PRATHEP



September 27, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

HELMER HOLDINGS LLC
9126 OTTER PASS
TAMPA, FL 33626US

SUBJECT: HELMER HOLDINGS LLC
REF: L21000386816

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The document is illegible and not acceptable for imaging.

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) 245-6051.

Stacy Prather
Regulatory Specialist III

FAX Aud. #: H21000359597
Letter Number: 421A00023240

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HELMER HOLDINGS 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:

JOSEFA MARIA FERREIRA HELMER
Name of Person

HELMER HOLDINGS LLC
Firm/Company

9126 OTTER PASS
Address

TAMPA - FLORIDA - 33626
City/State and Zip Code

G.F.HELMER@HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSEFA MARIA FERREIRA HELMER 813 735-1308
Name of Person at () 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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HELMER HOLDINGS LLC

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

FILED 2021 OCT -4 PM 12:27 SECRETARY OF STATE TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 08/30/2021 and assigned Florida document number L21000386816

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: JOSEFA MARIA FERREIRA HELMER

New Registered Office Address: 9126 ORTTER PASS Enter Florida street address

TAMPA, Florida 33626 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.

[Handwritten Signature] 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	GABRIELA Ferreira Helmer	9126 OTTER PASS	<input type="checkbox"/> Add
		TAMPA - FLORIDA	<input checked="" type="checkbox"/> Remove
		33626	<input type="checkbox"/> Change
AMBR	GABRIELLA Ferreira Helmer	9126 OTTER PASS	<input checked="" type="checkbox"/> Add
		TAMPA - FLORIDA	<input type="checkbox"/> Remove
		33626	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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