Florida Department of State

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To:

Division of Corporations

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From:

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COR AMND/RESTATE/CORRECT OR O/D RESIGN . HELENGE SUL INDUSTRIAL SUPPLIES CORP

Certificate of Status	0
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Page Count	01
Estimated Charge	\$35.00

JUL 3 1 2014

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COVER LETTER

TO: Amendment Section Division of Corporations HELENGE SUL INDUSTRIAL SUPPLIES CORP P12000029297 DOCUMENT NUMBER: ,. The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: RAIMUNDO F MELLO Name of Contact Person HELENGE SUL INDUSTRIAL SUPPLIES CORP Firm/ Company 5950 LAKEHURST DR STE 174 Address ORLANDO FL 32819 City/ State and Zip Code INFO@ABKCORP.COM E-mail address: (to be used for inhire annual report notification) For further information concerning this matter, please call: at (407) 434-0350 RAIMUNDO F MELLO Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$35 Filling Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

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Tallahassee, FL 32301

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Articles of Amendment to Articles of Incorporation

HELENGE SUL INDUSTRIAL SUPPLIES CORP

(Name of Corporation as currently filed with the Florida Dept. of State) P12000029297 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. Hamending name, enter the new name of the corporation; name must be distinguishable and contain the word: "corporation," "company," or "incorporated" or the abbreviation "Corp." "Inc." or Co., or the designation "Corp." "Inc." A projectional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX) D. If smending the registered ugent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: RAIMUNDO F MELLO Same of New Registered Agent 5950 LAKEHURST DR SUITE 174 (Florida street address) ORLANDO New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent. I hereby accept the appointment as registered again, am families with and accept the obligations of the position.

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If amending the Officers and/or Directors, enter the file and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Stuch additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

Possition; Volume President; To Treasurer; Son Secretary: Bon Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer, CFO or Chief Financial Officer. If an officeredirector 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 curporation; Solly Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Rentwes, and Solly Smith, SV as an Add.

k.xample: X_Change	PT Joh	u <u>n Doc</u>				
X Remove	<u>V</u> <u>M</u> i	ke Jones				
<u>X</u> Add	<u>SV</u> <u>Sal</u>	Sally Smith				
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s			
1) Change	VP	ANA PAULA S COSTA	5950 LAKEHURST DR			
Add			UNIT 174			
Remove			ORLANDO, FL 32819			
3) Change						
And						
Rémové			***************************************			
3) Change	******************		And the second s			
Add			***************************************			
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F: <u>H</u>	an amendment provides for an exch provisions for implementing the sure (if not applicable, indicate N/A)	pange, reclassificat adment If not com	ion, or cancellation wined in the amen	of issued shares. Iment itself:	
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The date of each amendment(s) adoption: 07-30-6014 date this document was signed.	, if other than th				
Effective date if applicable: 07-30 - 2014					
Effective date if applicable: 07-30 - 2014  (no more than 90 days after amendment file date)					
Adoption of Amendment(s) (CHECK ONE)					
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.					
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):					
"The number of votes cast for the amendment(s) was/were sufficient for approval					
by					
(voting group)					
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.  The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.					
Dated <u>07-30-2014</u> Signature					
(By a director, president or other others) if directors or officers have not been selected, by an incorporator— it is the hines of a receiver, trustee, or other court appointed fiduciary by that telectory)	, comi				
ŘAIMUNDO F MELLO					
(Typed or printed name of person signing)	****				
PRESIDENT					
(Title of person signing)					