P13000026554

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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: Helades Corp P13000026554 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Lissette B. Ortiz, Esq. Name of Contact Person Lissette B. Ortiz, PA Firm/ Company 1430 S. Dixie Hwy, Ste 321 Address Coral Gables, FL 33146 City/ State and Zip Code lawortiz@bellsouth.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Lissette B. Ortiz, Esq. Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & **\$35** Filing Fee □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Articles of Amendment to Articles of Incorporation of

HELADES CORP		_
	y filed with the Florida Dept. of State)	
P13000026554		<u> </u>
(Document Number	r of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florits Articles of Incorporation:	rida Statutes, this Florida Profit Corporation adopts the following	ng amendment(s) t
A. If amending name, enter the new name of the	e corporation:	
		The new
	word "corporation," "company," or "incorporated" or the corp," "Inc," or "Co". A professional corporation name must the abbreviation "P.A."	
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A		-
		_
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE I	<u>BOX</u>)	- さ
	·	
		_ & \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
D. If amending the registered agent and/or registered agent and/or the new registered	stered office address in Florida, enter the name of the ed office address:	PHILL TO
Name of New Registered Agent		5
	(Florida street address)	
New Registered Office Address:	, Florida	
	(City) (Zip Code)	_
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agen	Registered Agent: at. I am familiar with and accept the obligations of the position.	
Signature of	New Registered Agent, if changing	

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

(Attach additional sheets, if necessary)

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

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director 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 corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Р	Gabriel Perez	1430 S. Dixie Hwy
Add			Ste 321
X Remove			Coral Gables, FL 33146
2) Change	D	Helades Holdings Limited	1430 S. Dixie Hwy
X Add	<u>-</u>		Ste 321
Remove			Coral Gables, FL 33146
3) Change	<u> </u>		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

. If amending or adding additional Arti	icles, enter change(s) here:
(Attach additional sheets, if necessary).	(Be specific)
<u> </u>	
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(i) not applicable, inalcate init)	
•	

The date of each amendment(s) adoption: UC to ber 1, 2013
Effective date if applicable:
(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)
(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 12/2/20/3
Signature X sette OL
(By a director, president or other officer – if directors or officers have not been
selected, by an incorporator — if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Lissette B. Ortiz, Esq.
(Typed or printed name of person signing)
Attorney-in-Fact
(Title of person signing)