## P19000009701

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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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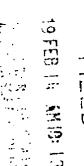
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Frank

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPOR.	ATION: HELM Industries,	Inc.	
DOCUMENT NUMB	er: <u>7190</u> (	00009701	
The enclosed Articles of	f Amendment and fee are st	abmitted for filing.	
Please return all corresp	oondence concerning this ma	tter to the following:	
_	Ja	Mes Cox	
_	Hel	Name of Contact Perso  M M M S	Fries, Inc
_	8218 -	Firm/ Company	2110
_	DYM	MW 11	32819
		City/ State and Zip Cod	^
	IMMPST	-0 WM (4) V	a gmail. com
	E-mail address: (to be us	sed for future annual report	hotification)
			$\mathcal{O}$
For lurther information	concerning this matter, pleas	se call:	
James Cox		at (	797-1782
Name of	Contact Person		de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	ng Address		Address
Amendment Section Division of Corporations		Amendment Section Division of Corporations	
P.O. I	3ox 6327	Clifton	Building

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

HELM Industries, Inc

(Name of Corporation as curren	tly filed with the Florida Dept	of State)
719000009701		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, this atticles of Incorporation:	s Florida Profit Corporation ad	opts the following amendment(s
A. If amending name, enter the new name of the corporation:		Ti
name must be distinguishable and contain the word "corporati" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or word "chartered," "professional association," or the abbreviation	"Co". A professional corpora	The new rated" or the abbreviation tion name must contain the
B. Enter new principal office address, if applicable:	NA	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	,,	THE
		2.0 = -
C. Enter new mailing address, if applicable:	. 1 0	
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
		يت ن
D. If amending the registered agent and/or registered office add		e of the
new registered agent and/or the new registered office address  Name of New Registered Agent	<u>ss:</u>	
(Florida s	treet address)	<del></del>
New Registered Office Address:		Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agen		Call in the case of
hereby accept the appointment as registered agent. I am familiar	wun ana accept me obuganons	of the position.
NIA		
Signature of New	Registered Agent, if changing	- <del></del>

## If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, 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:

 $P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = C Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each <math>\phi_t$  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. Ther 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 Char 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	VP	Lysa Moorefield	8218 TOMSY 10
Add			OMOUNCHO, FC
Remove			
2) Change		<del></del>	
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change		<del></del>	
Add			-
Remove			
5) Change		- ·	
Add			
Remove			
6) Change			
Add			
Remove			

. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
<del></del>	
	<del></del>
	<del></del>
provisions for implementing the amer	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
<del></del>	
	<del>-</del>

The date of each amendment(s) adoption:	, if other that
date this document was signed.	
Effective date if applicable:	
Effective date if applicable: (no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	date will not be listed as
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendmen by the shareholders was/were sufficient for approval.	t(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following states must be separately provided for each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
by	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and sharehol action was not required.	der
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
2/11/2019	
Dated	
Signature	
Signature  By a director, president or other officer – if directors or officers have not bee selected, by an incorporator – if in the hands of a receiver, trustee, or other co appointed fiduciary by that fiduciary)	n urt
James Cox	
(Typed or printed name of person signing)	
President	
(Title of person signing)	<del></del>

as