P22000079835

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Helm Mortgage Co	огр.	
	BER: P 2 2 000		3 <i>5</i>
The enclosed Article	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	Raymond F Rodrigues		
		Name of Contact Person	
	Helm Mortgage Corp.		
		Firm/ Company	
	10755 SW 104 St. 2nd Floor		
		Address	
	Miami, FL 33176		
		City/ State and Zip Code	
	Raymondmtg@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
Raymond F. Rodrigi	ies	at (818	915-9956 de & Daytime Telephone Number
Name	of Contact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810
		Tallaha	ccee FI 32303

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Articles of Amendment to articles of Incorporation of	

Helm Mortgage Corp.		
(Name	of Corporation as curre	ntly filed with the Florida Dept. of State)
P22000079835		***
	(Document Numbe	r of Corporation (if known)
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, th	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:	
N/A		21
	Corp," "Inc," or "Co".	The new "company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word 4."
B. Enter new principal office address,	if annlicable:	No Changes
(Principal office address MUST BE A S		
C. Enter new mailing address, if appl		1610 Inverness Street
(Mailing address <u>MAY BE A POST</u>	OFFICE BOX)	1010 thverness succi
		Port Charlotte, FL 33952
		
 If amending the registered agent au new registered agent and/or the ne 		Idress in Florida, enter the name of the
	No Changes	
Name of New Registered Agent	N/A	
		street address)
	No Changes	sireer dadressy
New Registered Office Address:		(Cuy) , Florida (Zip Code)
		(Zip Code)
New Registered Agent's Signature, if c	hanging Registered Age	nt:
I hereby accept the appointment as regist	tered agent. I am familia	r with and accept the obligations of the position.
		,
	N/t	4
	Signature of New	Registered Agent, if changing
	organiare of them	Roginieres rigerii, ij erianging

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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>\$V</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	VCOO	• —	Raymond J. Rodrigues	10510 SW 157 Ct.
X Add				Unit 303
Remove				Miami, FL 33196
2) X Change	PCEO	_	Raymond F. Rodrigues	1610 Inverness St
Add				Port Charlotte, FL 33952
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
lo Changes	
If an amendment provides for an exchi	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
(if not applicable, indicate N/A)	idilient it not contained in the amendment itself:
	dment will own 49% of the total shares in the company.
aymond F. Rodrigues, PCEO - remains the	e majority shareholder, controlling 51% of the total shares in the company.

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	10/19/2023
The date of each amendment(s) adoptions this description	otion:, if other than the
date this document was signed. 01/01/2	1034
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this bloc document's effective date on the Depar	k does not meet the applicable statutory filing requirements, this date will not be listed as the rtment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
■ The amendment(s) was/were adopte action was not required.	ed by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were suffice.	ed by the shareholders. The number of votes cast for the amendment(s) cient for approval.
☐ The amendment(s) was/were approve must be separately provided for each	ved by the shareholders through voting groups. The following statement ch voting group entitled to vote separately on the amendment(s):
"The number of votes cast for	the amendment(s) was/were sufficient for approval
Raymond F.Rodrigues C	
by	(voting group)
10/19/2023	
Dated	
Signature	1/1/1/
(By a direc	tor, president or other officer - if directors or officers have not been
	y an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)
Ra	ymond F. Rodrigues
	(Typed or printed name of person signing)
CE	0
	(Title of person signing)

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