N22 000 002 651

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100393954041

09/16/22--01018--018 ++35.00

DEC 1 5 2022 S. PRATHE

COVER LETTER

TO: Amendment Section
Division of Corporations

USA HELP UK NAME OF CORPORATION:	CRAINE CORP.
N22000002651	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are	e submitted for filing.
Please return all correspondence concerning this	matter to the following:
MARYNA IEVTUSHENKO	
	(Name of Contact Person)
USA HELP UKRAINE CORP.	
	(Firm/ Company)
17100 COLLINS AVE UNIT 202	
	(Address)
SUNNY ISLES BEACH FL 33160	
	(City/ State and Zip Code)
marinaev77@gmail.com	
E-mail address: (to be	used for future annual report notification)
For further information concerning this matter, p	lease call:
MARYNA IEVTUSHENKO	786-833-0020 at
(Name of Contact Pe	
Enclosed is a check for the following amount ma	de payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of Sta	
Mailing Address Amendment Section	Street Address Amendment Section

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

9059 SEP 16 AN TO THE

Articles of Amendment to Articles of Incorporation of

USA HELP UKRAINE CORP.		f
Name of Corporation as currently filed with the Flori	da Dept. of State)	
N22000002651		
(Document N	umber of Corporation (if know	n) [7,
Pursuant to the provisions of section 617,1006, Florida Stamendment(s) to its Articles of Incorporation:		rofit Corporation adopts the following
A. If amending name, enter the new name of the corp	oration:	·
N/A		The new
name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name.	ooration" or "incorporated" o	r the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDR)	ESS)	
on the state of th		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
D. If amending the registered agent and/or registered	l office address in Fl <u>orida, en</u>	ter the name of the
new registered agent and/or the new registered of	lice address:	 -
Name of New Registered Agent: N/A		
Name of New Registered Agent.		
	(Floru	la street address)
New Registered Office Address:		
		, Florida
	(City)	(Zip Code)
and the second of the second o	torud Agent:	
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I to	um familiar with and accept the	obligations of the position.
The state of the s	-	
	Signature of New Registere	ed 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 X Remove X Add	PT John Do V Mike Jo SV Sally Sr	nes	
Type of Action (Check One)	<u>Title</u>	<u>N</u> ame	<u>Addres</u> s
1) Change Add	SEC	BOGDAN TSEKHMAYSTER	10254 SAND CAY LN WEST PALM BEACH FL 33412
x Remove			
2) Change Add	VP	EVELINA SAIEVYCH	200 LESLIE DR 1122 HALLANDALE BEACH
Remove Change Add Remove	<u>VP</u>	MYKOLA BLAGODIR	FL 33009 401 GOLDEN ISLES DR 812 HALLANDALE BEACH FL 33009
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addir (attach additional shee		cles, enter change(s) here: (Be specific)	
N/A			
			
	<u>-</u>		

N/A						
				· 		
· · · · · · · · · · · · · · · · · · ·						
	_ 					
				<u> </u>		
						
				-		
			_		· · · · · ·	
				·		. <u>.</u>
				_		
		<u> </u>				
	-		-			
The date of each amendment(s date this document was signed.	i) adoption:					, if other than the
	N/A	re than 90 days o				
Note: If the date inserted in this document's effective date on the	block does not r Department of S	neet the applicab State's records.	le statutory fili	ng requirements	s, this date will i	not be listed as the
Adoption of Amendment(s)		CK ONE)				

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

	09/07/2022
Dated	
Signati	ire /lehlar
	(By the chairman or vice chairman of the board, president or other officer-if directors
<i>,</i> '	have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	ANASTASIIA ZUKHAR
	(Typed or printed name of person signing)
	PRESIDENT