P02000104528

(Re	equestor's Name)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Helping U S.A. In	ic				
DOCUMENT NUM	BER: P02000104528					
	s of Amendment and fee are sul	bmitted for filing.				
Please return all corre	espondence concerning this mat	tter to the following:				
	Debora Rossato					
		Name of Contact Person	1			
	Helping U S.A. Inc					
	Firm/ Company					
	10031 SW 45 STREET					
		Address				
	MIAMI, FLORIDA 33165					
		City/ State and Zip Code				
	miamihelpingusa@aol.com					
	E-mail address: (to be us	ed for future annual report	notification)			
For further information	on concerning this matter, pleas		801-5930			
	of Contact Person	at (at (801-5930 de & Daytime Telephone Number			
	or the following amount made					
S35 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)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				

Articles of Amendment to Articles of Incorporation of

FILED

Helping U S.A. Inc	2021 HAR 24 PH 2: 08
(Name of Corporation as	s currently filed with the Florida Dept. of State)
P02000104528	TALT AND STATE
(Document	Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statits Articles of Incorporation:	tutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpo	ration:
	_The _new
name must be distinguishable and contain the word "corpor". Inc., " or Co., " or the designation "Corp," "Inc," or "chartered," "professional association," or the abbreviati	ration," "company," or "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name must contain the word ion "P.A."
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRES</u>	<u> </u>
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered of	office address in Florida, enter the name of the
new registered agent and/or the new registered office	
Name of New Registered Agent	
Name of New Neglineyea Sgeni	
	(Florida street address)
	, or
New Registered Office Address:	
	· · · · · · · · · · · · · · · · · · ·
New Registered Agent's Signature, if changing Register	
I hereby accept the appointment as registered agent. I am	i familiar with and accept the obligations of the position.
Signature	of New Registered Agent, if changing

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	\underline{SV}	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	D	JORGE GONZALEZ BLANCO	8835 SW 21 Terr
X Add			MIAMI, FLORIDA 33165
Remove			
2) Change			<u> </u>
Add			
Remove Change			
Add			
Remove .			
4) Change		<u> </u>	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach ad	ing or adding additional sheets, if	necessary).	(Be specific)				
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f an ame provisio	ndment provide ns for implement	s for an exch ting the amer	<u>ange, reclassif</u> adment if not a	<u>ication, or can</u> contained in th	<u>cellation of is:</u> e amendment	sued shares, Litself:	
(if no	ot applicable, ind	icate N/A)	Augusti ii ii ii ii	continued in th			
	·						
					<u> </u>		· · · · · · · · · · · · · · · · · · ·
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment fi	le date)
	is block does not meet the applicable statutory filing reque Department of State's records.	frements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without	shareholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes east for e sufficient for approval.	the amendment(s)
	approved by the shareholders through voting groups. The for each voting group entitled to vote separately on the am	
"The number of votes	east for the amendment(s) was/were sufficient for approval	
by		
•	(voting group)	
03/09/2 Dated	021	
	0 ob ares (Mar 9, 2021 16:42 EST)	
(By sel-	a director, president or other officer – if directors or officer ected, by an incorporator – if in the hands of a receiver, trus sointed fiduciary by that fiduciary)	
	PABLO OLIVARES	
	(Typed or printed name of person signing)	
	DIRECTOR	
	(Title of person signing)	