## P22000024991

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(City)	/State/Zip/Phone	e #)
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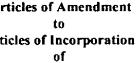


## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: ART SAVES	LIVES - UKRAINE, INC
DOCUMENT NUMBER: P22000024991	
The enclosed Articles of Amendment and fee a	re submitted for filing.
Please return all correspondence concerning this	s matter to the following:
VIKTORIIA VOLYNET	T'S
<del></del>	Name of Contact Person
ART SAVES LIVES - U	KRAINE, INC
	Firm/ Company
1640 SUNRISE BLVD,	#2501
	Address
FORT LAUDERDALE,	FL 33304
	City/ State and Zip Code
viktoriiavolynets@gmail	.com
E-mail address: (to 1	be used for future annual report notification)
For further information concerning this matter,	please call:
VIKTORIIA VOLYNETS	at (754 ) 317-1121
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount m	nade payable to the Florida Department of State:
S35 Filing Fee S43.75 Filing Fee Certificate of State	•
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. Monroc Street, Suite 810 Tallahassee, FL 32303

## **Articles of Amendment** Articles of Incorporation





	of Amendment to Incorporation of
ART SAVES LIVES - UKRAINE, INC	
(Name of Corporation as curr	ently filed with the Florida Dept. of State)
P22000024991	
(Document Numb	er of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, tits Articles of Incorporation:	his Florida Profit Corporation adopts the following amendmen
A. If amending name, enter the new name of the corporation	<u>:</u>
	The new
name must be distinguishable and contain the word "corporation, "Inc.," or Co.," or the designation "Corp," "Inc," or "Co" "chartered," "professional association," or the abbreviation "P	. A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	4453 Appleton Cir E
(Principal office address MUST BE A STREET ADDRESS)	Oakland Park, FL 33309
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4453 Appleton Cir E
	Oakland Park, FL 33309
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office add	
Name of New Registered Agent	
- Chi-i	a street address)
New Registered Office Address:	, Florida (City) (Zip Code)
	(Only)
New Registered Agent's Signature, if changing Registered Ag	
I hereby accept the appointment as registered agent. I am famili	ar with and accept the obligations of the position.
Signature of Ne	w 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 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 = Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office 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. The 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, V as Remove, and Sally Smith, SV as an Add.

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	V	DOROZHKINA, DIANA	2788 KITTBUCK WAY
Add			WEST PALM BEACH, FL 33411
Remove 2) Change	Т	CHUIENKO, OLENA	22800 SW 53RD WAY
Add			BOCA RATON, FL 33433
X Remove 3) Change	<u>v</u>	OLEG SABSAI	4453 Appleton Cir E Oakland Park, FL 33309
X Add			
Remove			
4) Change		_	
Add			
Remove			<del></del>
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	onal sheets, if necessar	y). (Be specific)				
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<u>I an amenon</u> nrovisions fo	nent provides for an a or implementing the a	<u>excnange, reclassii</u> smendment if not (	cation, or cancel	<u>lation of issued s</u> mendment itself	nares,	
	plicable, indicate N/A				<u>•</u>	
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The date of each amendment(s) a date this document was signed.	loption:	, if other tha
_		
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this partment of State's records.	date will not be listed
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without shareholder a	action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment of the shareholders.	ent(s)
	proved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	."	
	(voting group)	
October 26 Dated	, 2022	
Signature	VolineA	
(By a d selecte	rector, president or other officer – if directors or officers have not be d, by an incorporator – if in the hands of a receiver, trustee, or other c ed fiduciary by that fiduciary)	
	VIKTORIIA VOLYNETS	
	(Typed or printed name of person signing)	<del></del>
	President	
	(Title of person signing)	