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QMI 1-1/23/20

## COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORA	TION: TOP SHIPPING	SYSTEMS CORP			
DOCUMENT NUMBE	R:P10000012843				
The enclosed Articles of	Amendment and fee are sul	bmitted for filing.			
Please return all correspo	ondence concerning this ma	tter to the following:			
IS	SAAC B MORALES				
_		Name of Contact Persor	I		
Te	TOP SHIPPING SYSTEMS CORP				
<del></del>		Firm/ Company	-		
<b>i</b> 1	1601 NW 107 STREET SUI	TE 100			
		Address	<del></del>		
M	HAMI, FL 33178				
***		City/ State and Zip Code			
is	aac.morales@tsscorp.us				
_		ed for future annual report	notification)		
For further information of	concerning this matter, pleas	se call:			
ISAAC B MORALES		at (	639.3401 x104		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check for t	he following amount made	payable to the Florida Depa	artment of State:		
S35 Filing Fee	S43.75 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)		
Ameno Divisio P.O. B	ng Address  Idment Section  on of Corporations  ox 6327  assee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ssee, FL 32303		

## Articles of Amendment to Articles of Incorporation of

TOP SHIPPING SYSTEMS CORP	
(Name of Corporation	on as currently filed with the Florida Dept. of State)
P10000012843	
(Docume	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the co	rporation:
	The new
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association." or the abbrev	rporation," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word viation "P.A."
B. Enter new principal office address, if applicable:	23
(Principal office address MUST BE A STREET ADD	RESS )  APR - 6  AM
	—————————————————————————————————————
C. Enter new mailing address, if applicable:	<b>≥</b> 3
(Mailing address MAY BE A POST OFFICE BO)	X)
D. If amending the registered agent and/or register new registered agent and/or the new registered of the n	
•	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	(City), Florida
	,
New Registered Agent's Signature, if changing Regi	istered Agent:
I hereby accept the appointment as registered agent. I	l am familiar with and accept the obligations of the position.
Signa	ture 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)

Example:

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.

X Change	<u>P1</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>	Name	Address
1) Change	PD	JOSE LUIS DE FREITAS	11601 NW 107 STREET
Add	-	-	SUITE 100
X Remove			MIAMI, FL 33178
2) X Change	PSD	YOHANA M DE FREITAS	11601 NW 107 STREET
Aad			SUITE 100
Remove 3 ) Change			MIAMI, FL 33178
Add			
Remove			
4)Change		_	
Acc			
Remove			
5) Change			
Add			<u></u>
Ramove			
6)Change			
Acd			
Rantove			

f amending or adding additional A Attach <i>additional sheets, if necessary,</i>	). (Be specific)	_		
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If an amendment provides for an ex	change, reclassification, o	r cancellation of issu	ed shares,	
provisions for implementing the ar (if not applicable, indicate N/A)	mendment if not confained	i in the amendment i	tseit:	
(ij noi applicable, inalcale NA)				
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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 amendmen	ı file date)
Note: If the date inserted in this block does not meet the applicable statutory filing redocument's effective date on the Department of State's records.	quirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without action was not required.	out shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast by the shareholders was/were sufficient for approval.	for the amendment(s)
The amendment(s) was/were approved by the shareholders through voting groups. The must be separately provided for each voting group entitled to vote separately on the control of the c	ne following statement amendment(s):
The number of votes cast for the amendment(s) was/were sufficient for approv	al
bv	"
(voting group) Dated	
Signature	
(By a director president or other officer - if directors or offi selected, by an incorporator - if in the hands of a receiver, t appointed fiduciary by that fiduciary)	cers have not been rustee, or other court
ISAAC B MORALES	
(Typed or printed name of person signing	(3)
VICE PRESIDENT/ SECRETARY	
(Title of person signing)	