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8/23/21

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	TON: TOP SHIPPING SY	YSTEMS CORP	
DOCUMENT NUMBER	P10000012843		
The enclosed Articles of A	Amendment and fee are sul	bmitted for filing.	
Please return all correspon	ndence concerning this mat	tter to the following:	
YC	HANA M DE FREITAS		
	<u> </u>	Name of Contact Perso	n
TO	P SHIPPING SYSTEMS (CORP	
		Firm/ Company	
110	001 NW 107 STREET SUI	TTE 100	
_		Address	
Ml	AMI, FL 33178-3386		
		City/ State and Zip Coo	le
yol	nana.defreitas@tsscorp.us		
	E-mail address: (to be us	sed for future annual repor	t notification)
	oncerning this matter, pleas		
YOHANA M DE FREIT.		at (639.3401 x101
Name of C	Contact Person	Area Co	ode & Daytime Telephone Number
Enclosed is a check for th	e following amount made j	payable to the Florida Dep	partment of State:
☐ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 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		Amen Divisi The C 2415	Address dment Section on of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303

Articles of Amendment to Articles of Incorporation of

TOP SHIPPING SYSTEMS, CORP.

TOT SHIFT HAY STOTE MAJE ONLY			1.10	<u> </u>
(Name of Corporat	tion as currently filed with	the Florida Dept. of	State) "	- HII ,
P10000012843		ç -	0.7	70707 7
(Docu	ment Number of Corporati	on (if known)		. ,
ursuant to the provisions of section 607.1006, Floric s Articles of Incorporation:	da Statutes, this <i>Florida Pr</i>	ofit Corporation adopt	s the follow	ving amendment(s)
. If amending name, enter the new name of the	corporation:			
				The new
ame must be distinguishable and contain the word "c Inc.," or Co ," or the designation "Corp," "inc chartered," "professional association," or the abbi	," or "Co". A professio			
. Enter new principal office address, if applicable	le:			
Principal office address MUST BE A STREET AD				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE B)	<u>OX</u>)			
. If amending the registered agent and/or registe	ered office address in Floi	rida, enter the name o	f the	
new registered agent and/or the new registered		,	- 1111	
Name of New Registered Agent				
Name of New Registered Agem				
	(Florida street address)			
New Registered Office Address:		, Fle	orida	
	(City)		(Zi	ip Code)
ew Registered Agent's Signature, if changing Re	egistered Agent:			
hereby accept the appointment as registered agent.	I am familiar with and ac	cept the obligations of	the position	7.
Sim	nature of New Registered A	gent, if changing		
3.2,	c by in gioni, ou it	a · · · · y · · · · · · · · · · · · · ·		
heck 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> <u>Joh</u>	n Doe	
X Remove	<u>V</u> <u>Mik</u>	<u>se Jones</u>	
_X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	VP-OP	RADEL DIAZ	11601 NW 107 STREET
Add			STE 100
XX Remove			MIAMI, FL 33178
2) Change	VP- OP	CAMILA JENKS	11601 NW 107 STREET
XX Add			STE 100
Remove 3) XX Change	VTSD	YOHANA ME DE FREITAS	MIAMI, FL. 33178 11601 NW 107 STREET
Add		******	STE 100
Remove			MIAMI, FL. 33178
4) Change	P	JOSE LUIS DE FREITAS	11601 NW 107 STREET
XX Add			STE 100
Remove			MIAMI, FL. 33178
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
lf an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
(if not applicable indicate N/A)	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	endment it not contained in the amendment itself:
(if not applicable, indicate N/A)	endment it not contained in the amendment itself:
(if not applicable, indicate N/A)	endment it not contained in the amendment itself:
(if not applicable, indicate N/A)	endment it not contained in the amendment itself:
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(if not applicable, indicate N/A)	endment it not contained in the amendment itself:
(if not applicable, indicate N/A)	endment it not contained in the amendment itself:

·:· .

date this document was signed.	otion:, if other than the
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this blo document's effective date on the Dep	ck 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 adop action was not required.	ed by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suff	ed by the shareholders. The number of votes east for the amendment(s) cient for approval.
must he separately provided for ea	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 fo	the amendment(s) was/were sufficient for approval
by	**
	(voting group)
7/19/2021 Dated	
Signature	
selected,	ctor, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)
Y	DHANA ME DE FREITAS
_	(Typed or printed name of person signing)
V	CE PRESIDENT/ SECRETARY

(Title of person signing)