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Account Name : CRICHTON MULLINGS & ASSOCIATES PA

Account Number : I20070000038 Phone : (954)862-2250 Fax Number : (954)862-2251

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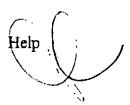
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COVER LETTER

10:	Amenament Section	
	Division of Corporations	S

Division of Corpo	rations				
NAME OF CORPOR	ATION: INTERNATION	AL SHIPPING USA INC			
DOCUMENT NUMB			-		
	f Amendment and fee are s	ubmitted for filing			
	condence concerning this m	.•			
		is all 1011011111g.			
_		Dawn Stimpson			
		Name of Contact Perso			
_		CrichtonMullings CPAs	PA		
Firm/ Company					
3350 SW 148th Avenue, Suite 203					
Address				202	
Miramar, FL 33027			; r-	2022 SEP	
City/ State and Zlp Code				- ' ' '	
_		admin-us@crichtonmulling	gs.com	5	9
	E-mail address; (to be u	sed for future annual report	notification)	(5.77) (5.77)	-
For further information	concerning this matter, plea	se-call:		-1:	4H 10: 0
Daw	n Stimpson	at (954	862-2250		7
Name of Contact Person		Area Code & Daytime Telephone Numbe		-	
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S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 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		Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee i. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as current P150000 (Document Number of		14 Tebl of State		
(Document Number of				
	of Corporation (If know	(n)	<u> </u>	
remant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	Florida Profit Corpor	ation adopts the fo	lowing ame	ndment(s) t
If amending name, unter the new name of the corporation:				
			271	
me must be distinguishable and contain the word "corporation," " nc.," or Co.," or the designation "Corp," "Inc," or "Co". hartered," "professional association," or the abbreviation "P.A."	A professional carpon	prated" or the abbi- ption name must	roviation "Co	new orp," word
Enter new principal office address, if applicable: rincipal office address MUST BE A STREET ADDRESS)				_ .
, , , , , , , , , , , , , , , , , , , ,			·	202
			2	2027 SEP
Enter new mailing address, if applicable:			<u> </u>	
(Malling address MAY BE A POST OFFICE BOX)		<u> </u>	#1, 1 1	6
			SS.	_ 景
·	•			_ <u>ü</u>
			ار مسر	-07
If amending the registered agent and/or registered office address new registered agent and/or the new registered office address	ress in Florida, enter i	he name of the		
	<u>i</u>			
Name of New Registered Agent				
				
•	est address)			
New Registered Office Address:	40 441	, Florida		
1	(City)		(Zip Code)	
w Registered Agent's Signature, if changing Registered Agent: reby accept the appointment as registered agent. I am familiar w	with and ascent the skill	madaus afrika mada	107	
The state of the s	onn unu accept træ oott	ganons of the posi	noa,	
	-		·	
	egistered Agent, if chan	ging		
cck if applicable The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (

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	PT	John Dog			
X Remove	¥	Mike Jones			
<u>X</u> Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	Title	<u>Name</u>	Address		
1) Change	D	JORGE MIRANDA	10000 NW 17TH ST		
Add			SUITE 103		20í
X Remove			MIAMI, FL 33172		2027 SEP
2) Change				A	_ь 16
Add				255	
Remove 3) Change				LUS LUS LUS	0 :01 H
Add				7	
Remove					_
4)Change					_
Add					
Remove					_
5) Change					_
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Remove					

	rticles, enter change(s) here: i). (Be specific)	
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an amendment provides for an ex	change, reclassification, or cancellation of issued shares, nendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	REMARKS A NOT CONTRINSE IN DIE AMBRIDINARI USBEL	

The date of each amendment(s) ad date this document was signed.	option:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bk document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, teartment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopt action was not required.	ted by the incorporators, or board of directors without sharehold	er action and shareholder
The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders: The number of votes cast for the amend ficient for approval.	ment(s)
☐ The amendment(s) was/were appromust be separately provided for e	oved by the shareholders through voting groups. The following a ach voting group entitled to vote separately on the amendment(s)	talement):
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval	20
Ьý		2022 SEI
	(voling group)	
Dated 9/	15/2022	P 16 AH 10
	15/2022 C.fangle	
selected,	seter, president or other officer - If directors or officers have not by an incorporator - if in the hands of a receiver, trustee, or othe d fiduciary by that fiduciary)	been O
	CHRISTIAN LAUGHLIN	
_	(Typed or printed name of person signing)	
	DIRECTOR	
-	(Title of person signing)	