Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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COR AMND/RESTATE/CORRECT OR O/D RESIGN TOP INVESTMENT USA INC.

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COVER LETTER

TO: Amendment Section Division of Corporations

•	TOP INVESTMEN	T USA INC	
NAME OF CORPO	RATION:	1 001.11.0	
DOCUMENT NUM	BER:		
The enclosed Articles	of Amendment and fee are sub	omitted for filing.	
Please return all corre	spondence concerning this man	ter to the following:	
•	ANA M. RUBIO		
		Name of Contact Person	
		Firm/ Company	
	3050 DYER BLVD., #150		
	KISSIMMEE, FL 34741	Addr es s	
		City/ State and Zip Code	,
	E-mail address: (to be us	ed for future annual report	notification)
For further information	on concerning this metter, pleas	se call:	
ana m. rubio		at (207-8352
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check t	or the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	S43.75 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		Amend Division The C 2415 1	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810
		Tallahi	issee, FL 32303

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Articles of Amendment to Articles of Incorporation of

TOP INVESTMENT USA INC			_
(Name of Corporation as	s currently filed with the Florida Dept. of State)		
P17000040187			_
(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 fol	llowing amendment(s)	to
A. If amending name, enter the new name of the corpo	ratiou:		
		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	"Co". A professional corporation name must	reviation "Corp.,"	
B. Enter new principal office address, if applicable:	·		
(Principal office address MUST BE A STREET ADDRE	<u>SS</u>)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
		202	
		10000	•
		三法 ~	Mary.
D. If amending the registered agent and/or registered	office address in Florida, enter the name of the	65 T	
new registered agent and/or the new registered offi	ce address!		17
Name of New Registered Agent			(
· · · · · · · · · · · · · · · · · · ·			-
	(Florida street address)	——m o	
New Registered Office Address:	, Florida, City)	(Zip Code)	
	(Cay)	,	
	3.4		
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I are	<u>:rea Agent:</u> m familiar with and accept the obligations of the po	sition.	
Thereby the exponential as regular the agoing the	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
·			
	•		
Signatur	re of New Registered Agent, if changing		
Check if applicable			
☐ The amendment(s) is/are being filed pursuant to s. 607	'.0120 (11) (c), F.S.		

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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

X Change	PT	John Do	<u>0¢</u>		
X Remove	<u>v</u>	Mike Jo	ones		
X Add	<u>sv</u>	Sally Si	<u>mith</u>		
Type of Action (Check One)	<u>Title</u>		Name		Address
1) Change	Secreta	er —	BADALACCHI, ALFREDO		3050 DYER BLVD., #150
Add					KISSSIMMEE, FL 34741
X Remove					
2)Change				 .	
Add					
Remove Change		_			
Add					
Remove					
4)Change		_	· · · · · · · · · · · · · · · · · · ·		
Add					
Remove					
5)Change		_	·		<u> </u>
Add		-			
Remove					
6) Change		_			· · · · · · · · · · · · · · · · · · ·
Add					
Remove					

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The date of eac	h amendmen	t(s) adoption:	, if other than the
date this docum	ent was signe	1.	
Effective date j	if applicable:		
		(no more than 90 days after amendment file date)	
		this block does not meet the applicable statutory filing requirements, this date withe Department of State's records.	Il not be listed as the
Adoption of A	mendment(s)	(CHECK ONE)	
The amendmaction was n		ere adopted by the incorporators, or board of directors without shareholder action an	d shareholder
		ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.	
		ere approved by the shareholders through voting groups. The following statement led for each voting group entitled to vote separately on the amendment(s):	
"The r	number of vot	es cast for the amendment(s) was/were sufficient for approval	
by			
		(voting group)	
	Dated	10/21/2021.	
•	Signature	Mil	·
	,	By a director, president of other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
		ANA M. RUBIO	
		(Typed or printed name of person signing)	
		DPST	
		(Title of person signing)	