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TO: Amendment Section Division of Corpo	28 MII. 01			
NAME OF CORPORATION: TOP SENSE GLOBAL INC				3
DOCUMENT NUMBER: P17000049282				0,
The enclosed Articles of	The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:				
J	JAMES GONZALEZ			
-		Name of Contact Person	1	
1	A.T PLUS CORP			
Firm/ Company				
-	3650 NW 82ND AVE SUIT	E 404		
		Address		
-	DORAL, FL 33166			
		City/ State and Zip Cod	e	
ATPLU	US@LIVE.COM			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
JAMES GONZALEZ		305 at (4063800	
Name o	f Contact Person		de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	irtment of State:	
S35 Filing Fee	☐\$43.75 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)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisie Clifton 2661 E	Address ment Section on of Corporations Building xecutive Center Circle ussee, FL 32301	

Articles of Amendment to Articles of Incorporation of



TOP SENSE GLOBAL INC

(Name of Corporation	on as currently filed with the Flor	da Dept. of State) 🔑 😘
P17000049282		ida Dept. of State)
(Docum	nent Number of Corporation (if know	(n) 9
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	a Statutes, this <i>Florida Profit Corpo</i>	ration adopts the following amendment(s) to
A. If amending name, enter the new name of the co	rporation:	
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the	." "Inc." or "Co". A professional	
B. Enter new principal office address, if applicable		
(Principal office address <u>MUST BE A STREET ADD</u>	<u></u>	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO.</u>	<u>X</u>)	
D. If amending the registered agent and/or register new registered agent and/or the new registered		the name of the
Name of New Registered Agent		
<u> </u>		
	(Florida street address)	
New Registered Office Address:	(Citv)	Florida
	(Cny)	үлр Соцет
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.		digations of the position.
Signe	ature of New Registered Agent, if ch	anging

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>	John Doe		
X Remove	$\underline{\mathbf{V}}$	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address	
1) Change	VP	ABU A. SONI	5456 NW 184TH ST	
Add X Remove			MIAMI, FL 33055	
2) Change				
Add				
3) Change Add				
Remove				
4) Change Add				
Remove				
5) Change Add				
Remove				
6) Change				
Add				

man aminimum ancers, y ne cessur,	Articles, enter change(s) here: y). (Be specific)
	
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If an amendment provides for an e	exchange, reclassification, or cancellation of issued shares,
provisions for implementing the ar	mendment if not contained in the amendment itself:
(if not applicable, indicate N/A))

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable: (no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requiremen document's effective date on the Department of State's records.	ts, this date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the am by the shareholders was/were sufficient for approval.	endment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment	
"The number of votes east for the amendment(s) was/were sufficient for approval	
by"' (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and s action was not required.	hareholder
■ The amendment(s) was/were adopted by the incorporators without shareholder action and share action was not required.	holder
Signature (By a director, president of other officer – if directors or officers have selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary) ZAKIR Z. UDDIN (Typed or printed name of person signing)	
PRESIDENT	

(Title of person signing)