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PICK-UP	☐ WAIT	MAIL
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Special Instructions to Fil	ling Officer:	
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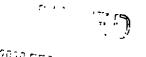
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: LOZIN SHIPPING	GINC		
DOCUMENT NUM	IBER: P 19000074927			
The enclosed Article	es of Amendment and fee are su	bmitted for filing.		
Please return all cort	respondence concerning this ma	tter to the following:		
	FRANCKY SAUREL			
		Name of Contact Person	1	
	ALL PROTECTION			
		Firm/ Company		
	1913 NORTH STATE RD 7			
		Address	_	
	MARGATE FLORIDA			
		City/ State and Zip Code	e	
	franckysaurel@yahoo.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further informat	ion concerning this matter, plea	se call:		
FRANCKY SAURE			8158880	
	e of Contact Person	at (<u>954</u> Area Co)	
	for the following amount made			
Enclosed is a cheek	tor the fortowing amount made	payable to the Florida Dep	arthem of State.	
■ \$35 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			Address	
	nendment Section vision of Corporations	Amendment Section Division of Corporations		
	O. Box 6327	The Centre of Tallahassee		
	illahassee, FL 32314	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



LOZIN SHIPPING INC

(Name of Corporation	on as currently filed with the Florida Dept. of State)
P 19000074927	
(Docum	nent 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:	:
(Principal office address MUST BE A STREET ADD	
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO)	<u></u>
D. If amending the registered agent and/or register-	ed office address in Florida, enter the name of the
new registered agent and/or the new registered of	office address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regi	i <mark>stered Agent:</mark> I am familiar with and accept the obligations of the position.
t nevery accept the apparation as registered agent.	am jaminar wan 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)

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 De	<u>oc</u>		
X Remove	<u>V</u>	Mike Jo	nes		
X Add	<u>sv</u>	Sally Sr	nith		
Type of Action (Check One)	<u>Title</u>		Name		<u>Addres</u> s
1) Change	VP		VIOLETTE FRANCOIS		10892 ROYAL PALM BLVD
X Add		_			CORAL SPRINGS
Remove					FL 33065
21 Change					
Add					
Remove 3) Change		_			
Add					
Remove					
4) Change		_			
Add					
Remove					
5) Change		_			
Add					,
Remove					
6) Change				 -	
Add					
Remove					

If amending or adding additional Art	ticles, enter change(s) nere:
Attach additional sheets, if necessary).	(Be specific)
If an amendment provides for an exc	change, reclassification, or cancellation of issued shares,
provisions for implementing the am	endment if not contained in the amendment itself:
(ij not appticante, indicate 874)	

•	JANUARY 31ST, 2020
The date of each an date this document w	ndment(s) adoption:, if other than the
Effective date if app	icable:
	(no more than 90 days after amendment file date)
	erted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the date on the Department of State's records.
Adoption of Amend	nent(s) (<u>CHECK ONE</u>)
☐ The amendment(s action was not rec	was/were adopted by the incorporators, or board of directors without shareholder action and shareholder ired.
	was/were adopted by the shareholders. The number of votes cast for the amendment(s) s was/were sufficient for approval.
	was/were approved by the shareholders through voting groups. The following statement provided for each voting group entitled to vote separately on the amendment(s):
	of votes cast for the amendment(s) was/were sufficient for approval
by	, "
, —	(voting group)
	01/31/2020
Da	
Sig	vature & olette Login
	(By a director, president or 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)
	YOLETTE LOZIN
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)