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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: ROMAN SHIPPIN	NG INC	
DOCUMENT NUM	1BER: P22000089729		
	s of Amendment and fee are su	abmitted for filing.	
Please return all corr	espondence concerning this ma	itter to the following:	
	SAMUEL B GOLDEN		
		Name of Contact Person	<u> </u>
		Firm/ Company	
	14599 MANCHESTER DR		
		Address	
	NAPLES, FL 34114		
		City/ State and Zip Code	e
	SAMGOLDEN4@GMAIL.C	ОМ	
	E-mail address: (to be us	sed for future annual report	notification)
For further informati	on concerning this matter, pleas	se call:	
SAMUEL B GOLDEN		at (503-8140
Name of Contact Person		Area Coo	de & Daytime Telephone Number
Enclosed is a cheek f	or the following amount made	payable to the Florida Depa	urtment of State:
■ \$35 Filing Fee	☐\$43.75 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)
An Div P.C	tiling Address nendment Section rision of Corporations D. Box 6327 lahassee, FL 32314	Amend Divisio The Ce 2415 N	Address ment Section n of Corporations entre of Tallahassee 4. Monroe Street, Suite 810 ssee, FL 32303

Articles of Amendment to Articles of Incorporation of

Articles of An to Articles of Inco		MECHEU 16 PAR
of	or por acton	Alfala Pag
ROMAN SHIPPING INC		
(Name of Corporation as currently	filed with the Florida	Dept. of State)
P22000089729		
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	lorida Profit Corporati	ion adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:		
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc." or "Co". A "chartered," "professional association," or the abbreviation "P.A."	mpany," or "incorpore professional corporati	The new ted" or the abbreviation "Corp.," on name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
		
D. If amending the registered agent and/or registered office addresses registered agent and/or the new registered office address:	ss in Florida, enter the	e name of the
Name of New Registered Ayent		

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Florida_

(Zip Code)

(Florida street address)

(Cuy)

Check if applicable

 \Box 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.

X Change	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	VP	ROMAN, FRANCO	14599 MANCHESTER DR
Add X Remove			NAPLES, FL 34114
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		-	
Add			
Remove			

an amendment provides for an exchange, reclassification, or cancellation of issued shares, rovisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
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rovisions for implementing the amendment if not contained in the amendment itself:	
(If not applicable, indicate N/A)	
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The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were action was not required.	dopted by the incorporators, or board of directors without shareholder ac	tion and shareholder
☐ The amendment(s) was/were ac by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendmen sufficient for approval.	n(s)
☐ The amendment(s) was/were apmust he separately provided for	oproved by the shareholders through voting groups. The following state reach voting group entitled to vote separately on the amendment(s):	ment
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
1/17/23 Dated		
Signature	Level //	
select	director president or other officer of directors or officers have not been by an incorporator – if in the lands of a receiver, trustee, or other conted fiduciary by that fiduciary)	
·	SAMUEL B GOLDEN	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	