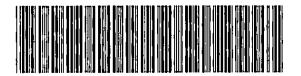
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COVER LETTER

SUBJECT: Name of Limited Liability Company					
Name of Limited Liability Company					
The enclosed Articles of Amendment and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Gustavo Arganaraz					
Name of Person					
RD Business consultant					
Firm/Company					
850 NE 3RD street Suite 107A					
Address					
Dania Beach, Florida, 33004					
City/State and Zip Code					
shophone l@gmail.com E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Gustavo Arganaraz 786 4201297 at ()					
Name of Person Area Code Daytime Telephone Number					
Enclosed is a check for the following amount:					
(additional copy is enclosed) Certified	te of Status &				
Mailing Address: Registration Section Street Address: Registration Section					
Division of Corporations Division of Corporations					
P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 8	10				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FULFILLMENT CHILE LLC	<u> </u>	
(<u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on our records.) mited Liability Company)	 -
The Articles of Organization for this Limited Liability Con		
Florida document number L21000062151		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
he new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u>SS)</u>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered or igent and/or the new registered office address here:	office address on our records, <u>enter th</u>	e name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
		· a .
	, Flor	ida Zip Code

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

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MARTINEZ ESPINOSA FERNAN	7967 NW 64 STREET. MIAMI, FL. 33166	
			□Remove
			Change
MGR	ARGANARAZ GUSTAVO	842 BRIAR RIDGE RD, WESTON,FL.33327	□Add
			≣Remove
			□ Change
			□Add
			□Remove
			□Remove
			Change
			□Add
			□Remove
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fective date, if other than the date an effective date is listed, the date must be s	of filing:	(or	otional)
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ocument's effective date on the Depart	ment of State's records.		
record specifies a delayed effective date is filed.	e, but not an effective time,	at 12:01 a.m. on the earlier of:	(b) The 90th day after the
May 26	2021		5
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	ature of a member or authoriza	The second second	

Filing Fee: \$25.00