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Division of Corporationa CORNECT THIS ATTENDED WAS 11/20/23, 3:35 PM

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:			<u> </u>
	Division of Co	rporations	
	Fax Number	: (850)617-6380	(.)
From:			įb ≡
	Account Number	: NATIONS BUSINESS CENTER, INC. : I20000000238 : (305)591-9448	ART III OU
	Fax Number	: (954)753-3447	
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NEXTLINK MERCHANT DIRECT, INC

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December 4, 2023

FLORIDA DEPARTMENT OF STATE

Division of Corporations

NEXTLINK MERCHANT DIRECT, INC. 18503 PINES BLVD SUITE 314 PEMBROKE PINES, FL 33029US

SUBJECT: NEXTLINK MERCHANT DIRECT, INC.

REF: P18000086863

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover-sheet

The document must be dated or a date of adoption must be listed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tammi Cline FAX Aud. #: H23000400655

Regulatory Specialist II Supervisor Letter Number: 623A00027629

Articles of Amendment Articles of Incorporation of

NEXTLINK MERCHANT DIRECT,	INC.	
(Name of Corporation as cu	rrently filed with the Florida	Dept. of State)
P18000086863		
(Document Num	nber of Corporation (if known)	
Pursuant to the provisions of section 607.1006. Florida Statutes its Articles of Incorporation:	*	on adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	<u>)n:</u>	
name must be distinguishable and contain the and "	11 11 11 11 11 11	The new
name must be distinguishable and contain the word "corporation "Inc." or Co.," or the designation "Corp.," "Inc." or "Co "chartered;" "professional association;" or the abbreviation;"	A DEDIRECTIONAL CARBONATIA	ed" or the abbreviation "Corp.," n name must contain the word
B. Enter new principal office address, if applicable:		2
(Principal office address MUST BE A STREET ADDRESS)		
		7 N
C. Enter new mailing address, if applicable:		2
(Mailing address MAY BE A POST OFFICE BOX)		SSS H
		<u> </u>
		5 to 0
D. If amonding the regions of the second		
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office add	address in Florida, enter the n	name of the
	11 00,01	
Name of New Registered Agent		
(Florid	a street address)	
New Registered Office Address:		, Florida
	(Ciṇ)	(Zip Code)
New Registered Agent's Signature, if changing Registered Ag	ent:	
I hereby accept the appointment as registered agent. I am famili	ar with and accept the obligation	ons of the position.
Signature of New	w Registered Agent, if changing	
Check if applicable	S S TH V VINAING ING	
The amendment(s) is/are being filed pursuant to s. 607.0120 (1	1) (a) F S	
() 1110 porsuant to 3, 007,0120 ([. 1) (c), 1 .3,	

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 Doc	
<u>X</u> Remove	<u>v</u>	Mike Jones	
_ <u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	<u> </u>	Nusrat Dar	1825 NW 140 Terrace
Add			Pembroke Pines FL 33023
X Remove			
2) X Change	D	Sadaf Dar	1825 NW 140 Terrace
Add			Pembroke Pines FL 33028
Remove 3) Change	P	Irfan Dar	1825 NW 140 Terrace
$\frac{X}{}$ Add	····		Pembroke Pines FL 33028
Remove			
4) Change			
Add			2023 HOV
Remove			
5) Change			20
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if n	iecessary). (Be specific)			
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If an amendment provides for	ar an exchange reclassifi	cation or cancellatio	n of issued charge	
provisions for implementin	g the amendment if not c	ontained in the amer	idment itself:	
(if not applicable, indica	ite N/A)		<u></u>	
				
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			<u>. </u>	
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The date of each amendment(s) date this document was signed.	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 document's effective date on the I	block does not meet the applicable statutory filing requirements, this date department of State's records.	e will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ac action was not required.	dopted by the incorporators, or board of directors without shareholder action	n and shareholder
☐ The amendment(s) was/were ac by the shareholders was/were s	copted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.)
☐ The amendment(s) was/were ap must be separately provided for	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the umendment(s):	2023 NOV 20 AH 11:
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	3 NOV 20 AMII
by	(voting group)	
	(voting group)	
Dated //	20/23	
	S a d	
selecte	irector president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
	Sadaf Dar	
	(Typed or printed name of person signing)	
	Vice President	
	(Title of person signing)	