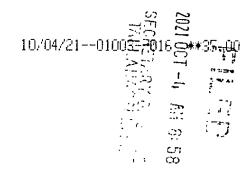
P21000083910

(R	equestor's Name)	<u>. </u>
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(C	ity/State/Zip/Phon	e #)
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В	usiness Entity Na	me)
(D	ocument Number)	<u> </u>
Certified Copies	Certificate	s of Status
Special Instructions to	Fiting Officer.	

Office Use Only



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SECRETARY LA STO



Department of State
Division of Corporations

Date: 10/04/2021

American Expediting (Stealth Courier) 1531 Commonwealth Business Dr. Ste 105 Tallahassee, Fl. 32303 850-294-5632

Stealth Courier Box

Company: Nillam Logistics Fulfillment Corp.

Requester: Tyler Trumbach

Order: 13468728



Department of State
Division of Corporations

Date: 10/04/2021

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Requester: Tyler Trumbach

Order: 13468728

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: NILLAM LOGIST	TICS FULFILLMENT CO	RP.
	MBER: P21000083910		
The enclosed Article	es of Amendment and fee are su	ibmitted for filing.	
Please return all cor	respondence concerning this ma	atter to the following:	
	TYLER ANDREW TRUMB	ACH, ESQ.	
		Name of Contact Person	n
	LAW OFFICES OF TYLER	A. TRUMBACH, P.A.	
		Firm/ Company	
	4405 PETERS ROAD		
	<u> </u>	Address	
	PLANTATION, FL 33317		
		City/ State and Zip Cod	e
	TTDUNDACUGTDUNDA	CHILANU CYDRI	
	TTRUMBACH@TRUMBA	sed for future annual report	natification
	is-man address. (to be di	sed for fatare annual report	notification
For further informat	ion concerning this matter, plea	se call:	
TYLER ANDREW	TRUMBACH, ESQ.	at (954	533-2987 de & Daytime Telephone Number
Nam	e of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	ailing Address mendment Section		Address ment Section
	vision of Corporations		ment Section in of Corporations
	O. D 4337		ante a d'Tallaharana

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CORPO	ORATION: NILLAM LOGIST	TICS FULFILLMENT COF	RP.
	1BER: P21000083910		
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		Name of Contact Person	n
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		Firm/ Company	
	4405 PETERS ROAD		
		Address	·
	PLANTATION, FL 33317		
		City/ State and Zip Cod	e
	TTRUMBACH@TRUMBA	CHLAW.COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further informat	ion concerning this matter, plea	se call:	
	TRUMBACH, ESQ.		533-2987
Name	e of Contact Person	Area Co) 533-2987 de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ar Di P.	ailing Address nendment Section vision of Corporations O. Box 6327 dlahassee, FL 32314	Amend Divisio The Co	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, Fl. 32303

Articles of Amendment to Articles of Incorporation of

NILLAM LOGISTICS FULFILLMENT CORP.

21000083910		
(Document N	Number of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statuts Articles of Incorporation:	ates, this Florida Profit Corporatio	on adopts the following amendment(s)
A. If amending name, enter the new name of the corpora	ation:	
		The new
ame must be distinguishable and contain the word "corpora" Inc.," or Co.," or the designation "Corp." "Inc," or 'chartered," "professional association," or the abbreviatio	"Co". A professional corporatio	ed" or the abbreviation "Corp"
B. Enter new principal office address, if applicable:		20
Principal office address MUST BE A STREET ADDRES.	<u>S</u>)	750 21
Enter new mailing address, if applicable:		20.0
(Mailing address MAY BE A POST OFFICE BOX)		
· · · · · · · · · · · · · · · · · · ·		77.
		<u> </u>
o. If amending the registered agent and/or registered of	ffice address in Florida, enter the	name of the
new registered agent and/or the new registered office		
Manne of Man Basistan J. Court	····	
Name of New Registered Agent		
Name of New Registered Agent		
	Florida street address)	
	Florida street address)	Disside
		, Florida
	Florida street address) (City)	, Florida (Zip Code)
		, Florida(Zip Code)
New Registered Office Address:	(City)	, Florida (Zip Code)
New Registered Office Address: Sew Registered Agent's Signature, if changing Registere	(City)	(Zip Code)
New Registered Office Address: Sew Registered Agent's Signature, if changing Registere	(City)	(Zip Code)
	(City)	(Zip Code)
New Registered Office Address: Sew Registered Agent's Signature, if changing Registere	(City)	(Zip Code)

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: XChange	PT	John Doe	
X Remove	\underline{V}	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	D	ASHLEY A BEZAMAT	2458 CREST VIEW DR
Add			LOS ANGELES, CA, 90046
X Remove			721 OCT
2) Change			
Add			
Remove Change			- 변수 중 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary). (Be specific)			
	-		
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		40 40	2021
		——————————————————————————————————————	- 8-
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f an amendment provides for an exchange, reclassification, or	cancellation of issue	ed shares,	
provisions for implementing the amendment if not contained	in the amendment it	<u>self:</u>	
(if not applicable, indicate N/A)			
(if not applicable, indicate N/A)			
(if not applicable, indicate N/A)			
(if not applicable, indicate N/A)			· · · · · ·
(if not applicable, indicate N/A)			
(if not applicable, indicate N/A)			
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(if not applicable, indicate N/A)			
(if not applicable, indicate N/A)			
(if not applicable, indicate N/A)			
(if not applicable, indicate N/A)			

ffective date if applicable:	•	
(no more than 90 days after amendment file date)		
iote: If the date inserted in this block does not meet the applicable statutory filing requirements, this ocument's effective date on the Department of State's records.	s date will n	ot be listed as
doption of Amendment(s) (CHECK ONE)		
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action was not required.	action and sl	hareholder
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	ent(s)	
The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s): "The number of votes cast for the amendment(s) was/were sufficient for approval by	ement, SECRETARY	7021 OCT -4
(voting group) 10/04/2021	20 E 10 - 10 10 - 10	TH 8: 58
Signature (By a director, president or other officer – if directors or officers have not be selected, by an incorporator – if in the hands of a receiver, trustee, or other cappointed fiduciary by that fiduciary)		
BENJAMIN F MALLIN		
(Typed or printed name of person signing)	_	