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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Amway Logistics Inc DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Natalia S Asiryan Name of Contact Person Amway Logistics Inc. Firm/ Company 120 Straw Pond Way Address St Augustine, FL, 32092 City/ State and Zip Code asiryanv@duck.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Vadim G Asiryan Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: ☐\$43.75 Filing Fee & □\$52.50 Filing Fee □\$43.75 Filing Fee & **\$35** Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Amway Logistics Inc (Name of Corporation as currently filed with the Florida Dept. of State) P24000007999 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: N/A name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: , Florida New Registered Agent's Signature, if changing Registered Agent: 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

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.

X Change	<u> </u>	John Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u> </u>	<u>Addres</u> s
1) Change	S	Vadim G Asiryan	120 Straw Pond Way
X Add			St Augustine, FL. 32092
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			· · · · · · · · · · · · · · · · · · ·
Add			
Remove			
5)Change			 :
—— Add			·
Remove			
6) Change	~ 		Markett - 10-7
Add			
Remove			

(Attach additional sheets, if necessary). (Be specific)	
A	
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If an amendment provides for an exchange, reclassification, or cancellation of	of issued shares.
provisions for implementing the amendment if not contained in the amendn	nent itself:
be a service to a military and a service and	
(if not applicable, indicate N/A)	

The date of each amendment(s) 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 block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and s action was not required.	hareholder
The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes east for the amendment(s) was/were sufficient for approval	
by" (voting group)	
02/05/2024	
Dated	
Signature	
(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)	£7
Natalia S Asiryan	
(Typed or printed name of person signing)	<u> </u>
President	-
(Title of person signing)	