DOC ID ----> 202509101952

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
04/01/2025	202509101952	Foreign/Amendment (FAM)	50.00	0.00	0.00	0.00

Receipt

This is not a bill. Please do not remit payment.

CT CORPORATION SYSTEM
4400 EASTON COMMONS
SUITE 125
COLUMBUS, OH 43219

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Frank LaRose

688507

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

WALMART INC.

and, that said business records show the filing and recording of:

Document(s)	Document No(s):
Foreign/Amendment	**202509101952**

Effective Date: 04/01/2025

United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 1st day of April, A.D. 2025.

Ohio Secretary of State

DOC ID ----> 202509101952

Form 565 Prescribed by:

Frank LaRose
Ohio Secretary of State

Toll Free: 877.767.3453 | Central Ohio: 614.466.3910
OhioSoS.gov | business@OhioSoS.gov
File online or for more information: OhioBusinessCentral.gov

Certificate of Amendment to Foreign Licensed Corporation Application

(For-profit or Nonprofit Foreign Corporation)

Filing Fee: $50

(179-FAM)

Form Must Be Typed

A foreign corporation must file a Certificate of Amendment if, in amending its articles of incorporation, it modifies any of the information included in its application for license to transact business in Ohio or in any amendment to that application.

Complete the following information (as currently on file in the Ohio Secretary of State's Office).

The foreign corporation named below amends its application for its license to transact business in Ohio.

Name of Corporation: WALMART INC.

(as registered in Jurisdiction of Formation)

Assumed Name used in Ohio (if applicable):

Jurisdiction of Formation: DELAWARE

Ohio License Number: 688507

Complete only the information below that has been amended.

The information provided below supersedes the information currently on file with the Ohio Secretary of State's Office.

Name of Corporation:

(as registered in Jurisdiction of Formation)

Assumed Name used in Ohio (if applicable):

Jurisdiction of Formation:

Location of principal office

1 CUSTOMER DR
Mailing Address

BENTONVILLE
City

Arkansas
State

72716
ZIP Code

Location of any Ohio office

Mailing Address

City | OH State | ZIP Code

A brief summary of the corporate purpose(s) to be exercised within the state:

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

Must be signed by an authorized officer of the corporation.

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

Geoffrey Edwards, Assistant Secretary
Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name