Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H150002241213)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

ACCOUNT Name : COMEN, NORRIS, WOLMER, RAY, TELEPMAN & COMEN

Account Number : I20020000140

Phone : (561)B44-3600 Fax Number

; (561)842-4104

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DYNAMIC DM, LLC

را سروا المراجع	
Certificate of Status	
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

SEP 23 2015

Y SULKER

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DYNAMIC DM, LLC	- 					
(Name of the Limit	ed Liability Compa (A Florida Limited)	iny as it now appears on Liability Compuny)	our records.)			
The Articles of Organization for this Limited Life Florida document number L14000040727	iability Company	were filed on MARC	CH 11, 2014	and a	ssigne	d
This amendment is submitted to amend the follo	owing:					
A. If amending name, enter the new name of	f the limited liab	ility company here:				
VIRTUAL DREAMWARE, LLC						
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the design	nation "LLC" or the	abbreviation *	L.L.C."	
Enter new principal offices address, if applic	able:	3150 SAN MICHE	LE DRIVE	<u>.</u>	-4	
the Articles of Organization for this Limited Liabinorida document number L14000040727 This amendment is submitted to amend the following amending name, enter the new name of the IRTUAL DREAMWARE, LLC to new name must be distinguishable and contain the words after new principal offices address, if applicable trincipal office address MUST BE A STREET A street and address MAY BE A POST OFFICE BO. If amending the registered agent and/or gistered agent and/or the new registered office. Name of New Registered Agent:		PALM BEACH GA	RDENS, FLORI	DA 33418	25 SE	
				IASSEE	EP 22	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		3150 SAN MICHE			<u> </u>	
		PALM BEACH GA	RDENS, FLORI		8	
				72	-6-	
registered agent and/or the new registered of			er records, ent	er the nam	e of t	he ne
	3150 SAN MIC	CHELE DRIVE				
New Registered Office Address:	5130 32 <u>41 (MR</u>	Enter Florida	street address			
	PALM BEACH	i gardens	. Florida	, Florida 33418		
	. — — — — —	City		Zio Coo	e	

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 Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	PALM BEACH GARDENS FLORIDA 33418	Type of Action
MGR	JACKIE PRZYSINDA	3150 SAN MICHELE DRIVE	≅ Add
		PALM BEACH GARDENS	□ Remove
		FLORIDA 33418	_ □ Change
MGR	WILLIAM KING	355 E, THATCH PALM CIRCLE	■ Add
		SUITE 103	□ Remove
		JUPITER, FLORIDA 33477	As.
MGR	DANIEL ALBERTSON	124 OCEAN COVE DRIVE	E Charge E P 22
		JUPITER, FLORIDA 33477	TII Remove
			DS Change
			□ Remove
			Change
			Add
			□ Remove
			Change
			D Add
			□ Remove
			Chunge

8-22- 5 If ame:	08:55am ading any	From- other inform	nation, enter	change(s) here	(Attach add	litional sheets, if	T-374 (necessary.)	P.04	/04	F-3
_										
_										
_					-					
_										
	. .							· - 		
-										
_										
										
-		- 			. 					
-		<u></u>								
ىـــ			·							
	·							₹ <u>/</u>	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
									₩ ₩	۲.
								<u>ν Σ.,</u>	2	Ţ
								¬ <u>с</u> :	2	ſ
	· · · · · · · · · · · · · · · · · · ·				 _		ï		ά	Ĺ
							Ç		6	
(lf an effect Note: I	rrive date is l' f the date in	issed, the date n Iserted in this	block does no	ing: mid cannot be prior to t meet the applical f State's records.	date of filing or the starutory fil	more than 90 days	optional) after filing.) Pu	T C T S T S T S T S T S T S T S T S T S	22 AM 8: 40 S	
e reco	ord specif 90th day	ies a delay after the re	ed effective ecord is filed	date, but not d.	an effective	time, at 12:0	01 a.m. on	the e	arlie	rc
Dated _	EPTEMBE	R 17		2015	_•					
			Signature	mamber or authori	zcorepresentaci	ve of a member			_	
	DAVID	B. NORRIS,	AUTHORIZE	D REPRESENTA	TVT.					
				Typed or printed					-	
				13pto at himito	name pi signee					