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COVER LETTER

Division of Co	rporations		.*
0 - 145 145 0000	INE N WALKER LLC		
30B3CC1	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	JACQUELINE N WALKE	€R	
		Name of Person	
		Firn/Company	
	1835 VIA GRANDA		
		Address	
	BOYNTON BEACH FLO	RIDA 33426	
		City/State and Zip Code	
	· · · · · · · · · · · · · · · · · · ·	EALESTATE@GMAIL.COM	<u> </u>
		to be used for future annual report notif	ication)
For further information	concerning this matter, please c	all:	
JACQUELINE WALKI	3R	502 345-7926 at ()	
Name (of Person		c Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Registration Section

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF FILED

JACOUELINE N WALKER LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on DECEMBER 17: 2015E. FL. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: DAI DREAMWALKER LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 1835 VIA GRANADA Enter new principal offices address, if applicable: **BOYNTON BEACH FL 33426** (Principal office address MUST BE A STREET ADDRESS) 1835 VIA GRANADA Enter new mailing address, if applicable: **BOYNTON BEACH FL 33426** (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: N/A Name of New Registered Agent: New Registered Office Address: Enter Florida street address

New Registered Agent's Signature, if changing Registered Agent:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

. Florida _

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>	Address	Type of Action
N/A	N/A	N/A	
			□ Remove
			Change
			□Remove
			□Change
			□Add
			□Remove
			□Add
			Remove
			□Remove
		 	□Change
			Remove
			□Change

N/A				
	· <u>-</u>			
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ective date, if other than the	e date of filing:		(optional)	
effective date is listed, the date mu e: If the date inserted in this b	ist be specific and cannot be prior to lock does not meet the applica		90 days after filing.) Pursuant to	
ament's effective date on the D	Pepartment of State's records.			
	, i e e e e e e e e e e e e e e e e e e	12.01		
filed.	ve date, but not an effective tin	ie, at 12:01 a.m. on the e	carner of: (b) The 90th day	atter the
MARCH 9	2022	_ •		
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	Signature of a member or author			_
\ \	Signature of a member or author	ized representative of a mo	mher	