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2024 SEP -3 AM II: 20

COVER LETTER

TO: Registration S Division of Co						
SUBJECT:	Dialstorm L	LLC				
	Dialstorm 1 Name of Limit	ted Liability Company				
The enclosed Articles o	f Amendment and fee(s) are subr	mitted for filing.				
Please return all corresp	condence concerning this matter t	o the following:				
	Co	Name of Person				
		Name of Person				
	Dia	Firm/Company	<u> </u>			
		Firm/Company				
	2035 Coll	ier Dr. Address				
		Address				
	Feco P	ark Fc 327	30			
		City/State and Zip Code				
	Cory Kirk E-mail address: (1	City/State and Zip Code Obut 100 K obe used for future annual report notion	fication)			
For further information	concerning this matter, please ca	III:				
Cory K	irle.	at (321) 215	-5142			
Name	of Person	Area Code Daytim	e Telephone Number			
Enclosed is a check for	the following amount:					
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Addr	ess:	Street Address:				
Registration	Section	Registration Section				
Division of P.O. Box 63	Corporations 327	Division of Cor The Centre of T	-			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2024 SEP -3 AHII: 20 (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) TALLAHASSEE, FLORIDA The Articles of Organization for this Limited Liability Company were filed on 5/15/2018 and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address __. Florida _ City

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.

If Changing Registered Agent, Signature of New Registered Agent

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
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		Signature of	(a member or as	thorized represent	ative of a psembe	r			
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Page 3 of 3

Filing Fee: \$25.00