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COVER LETTER

TO:

	gistration Se ision of Cor			
end iner.	Valhalla W	eb Development LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		Hunter T.		
			Name of Person	
		ZenBusiness INC		
		-	Firm/Company	
		336 E. College Ave Suite .	301	
			Address	
		Tallahassee, FL 32301		
		**	City/State and Zip Code	
		fulfillment@zenbusiness.cc		
		E-mail address: (to be used for future annual report not	ification)
For further is	nformation c	oncerning this matter, please co	all:	
e/o ZenBus	iness INC		844 493-6249 at ()	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 B	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)
	iling Addres gistration S		<u>Street Address:</u> Registration Se	ction
Div	ision of C	orporations	Division of Cor	
). Box 632		The Centre of T	
r al	lahassee, I	"につ2514	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Valhalla Web Development LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our record Liability Company)	rds.)
The Articles of Organization for this Limited Liability Compar	ny were filed on 06-16-2020	and assigned
Florida document number L20000166758		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ibility company here:	
Dream Web Digital LLC		
The new name must be distinguishable and contain the words "Limited Lia	bility Company." the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		202
		2023 JAN SS 077-1
Enter new mailing address, if applicable:	789 SW Federal Hwy	
(Mailing address MAY BE A POST OFFICE BOX)	Suite 201	- 20 m
	Stuart, FL 34994	Sec ₹ 5
		8: 0
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>entc</u>	r the name of the hew registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	255
		lorida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agen	ıt:	

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:

<u>or removed</u>	from our records:		
MGR = M $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
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Effective date, if other than the d	nto of filings			
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Filing Fee: \$25.00