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PICK-UP	MAIT	MAIL
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	porations			
	nsy Art and Murals LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Bryan See			
		Name of Person		
		Firm/Company		
	210 Philadelphia Ct			~ ~1
		Address		MZSI SECI
	Palm Harbor, FL 34684			2025 MAY IL PH 2: 34 SECRETALL SEE FL
		City/State and Zip Code		F
	bryan@wallwhimsyartandn			ASS ASS
		to be used for future annual report notif	ication)	me N
For further information of	oncerning this matter, please co	all:		
Bryan See		727 947-0747 at ()		
Name o	f Person	Area Code Daytimo	: Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &
Mailing Address Registration		Street Address: Registration Sec	ction	
Division of C	Corporations	Division of Coη	porations	
P.O. Box 632	27	The Centre of T	allahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dime and Six LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records. Liability Company)	<u> </u>
he Articles of Organization for this Limited Liability Company	were filed on January 2, 2025	and assigned
lorida document number L25000003015		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
Vall Whimsy Art and Murals LLC		
he new name must be distinguishable and contain the words "Limited Liabi	ity Company," the designation "LLC"	or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		202
THE PURIOUS AGENCES WOST BE A STREET ADDRESSY		2026 HA 2026 HA SECRE
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
		• • • • • • • • • • • • • • • • • • •
If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter tl</u>	ne name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	rida
	City	Zip Code

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 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>	<u>Address</u>	Type of Action
			□Add
			□Remove
			Change
			□Add
			Пстюче
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			□Remove
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Effective date, if other than the fan effective date is listed, the date in Note: If the date inserted in this document's effective date on the	block does not meet the appli-	or to date of filing or more the	(optional) nan 90 days after filing.) Pursuant puirements, this date will not b	to 605.0207 (se listed as tl
e record specifies a delayed effected is filed.	tive date, but not an effective t	time, at 12:01 a.m. on th	e earlier of: (b) The 90th day	y after the
Dated May 9	. 2025	·		
		_		
· =		<i>S</i> 0.	<i>,</i> o	
	Signature of a member or auth	norized representative of a	member	_

Filing Fee: \$25.00