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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	TWORK, INC.			<i>,</i>
DOCUMENT NUMBER: N12000007785				
The enclosed Articles of Amendment and fee are s	submitted for filing.			
Please return all correspondence concerning this m	natter to the following:			
RICHARD NEEL				
	(Name of Contact Perso	on)		 .
DIG LOCAL NETWORK, INC.				
	(Firm/ Company)			
227 LORA ST				S. P.
	(Address)			SHOP IN
NEPTUNE BEACH, FL 32266				SECRETATIVESE
	(City/ State and Zip Cod	de)		-
INFO@DIGLOCAL.ORG				ار براید می از این
E-mail address: (to be u	sed for future annual report	t notificatio	n)	
For further information concerning this matter, ple	ase call:			
RICHARD NEEL	at	04	537-4559	
(Name of Contact Pers	son) (A	(rea Code	(Daytime Telephone)	Number)
Enclosed is a check for the following amount made	e payable to the Florida Dep	partment of	State:	
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of State	& □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif (Addi	0 Filing Fee leate of Status fied Copy tional Copy is osed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amen Divisi The C			·

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

DIG LOCAL NETWORK, INC.

Name of Corporation as currently filed with the Flor	ida Dept. of State)	···	
N12000007785				
(Document N	lumber of Corpora	tion (if known)		
Pursuant to the provisions of section 617.1006. Florida S mendment(s) to its Articles of Incorporation:	statutes, this <i>Floria</i>	a Not For Profit Co	orporation adopts th	e following
A. If amending name, enter the new name of the corp	oration:			
				The new
ame must be distinguishable and contain the word "cor Company" or "Co." may not be used in the name.	poration" or "ince	orporated" or the al	bbreviation "Corp."	or "Inc."
B. Enter new principal office address, if applicable:				
Principal office address <u>MUST BE A STREET ADDR</u>	<u>ESS</u>)			
		•		
				_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
	•			_
 If amending the registered agent and/or registered new registered agent and/or the new registered of 		Florida, enter the	name of the	SECRETATO SE STAT
	nce address:			至三:
Name of New Registered Agent:			-	<u> </u>
New Registered Office Address:		(Florida street a	ddress)	112
			Florida	J.E.
	(City)		, Florida (Zip Code)	
ew Registered Agent's Signature, if changing Regist hereby accept the appointment as registered agent. I a		d accept the obligat	ions of the position.	
	Signature of No	w Registered Agent,	if changing	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: XChange X Remove X Add	<u>V</u> <u>Mil</u>	n Doe se Jones sy Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add	<u>C</u>	JOANN WALLACE	PO BOX 331015 ATLANTIC BEACH, FL 32233
X Remove 2) Change Add	D	KIRA MAURO	PO BOX 331015 ATLANTIC BEACH, FL 32233
Remove 3) Change	<u>D</u>	RICHARD NEEL	PO BOX 331015 ATLANTIC BEACH, FL 32233
4) Change Add			SECTE TALL
Remove 5) Change Add	<u></u>		
Remove 6) Change Add			STATE FL
Remove	ding additional	Articles, enter change(s) here:	
(attach additional sh			

Dated	05/10/2023
Signatur	(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	JOANN WALLACE
	(Typed or printed name of person signing)
	CHAIRPERSON
	(Title of person signing)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were

adopted by the board of directors.

SECRETALY OF STATE