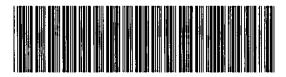
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COVER LETTER

TO:	Registration Se Division of Cor		•			
erin i	DOADOLL	AR.COM, LLC				
SUDI	JECT:		ited Liability Company			
The e	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please	e return all correspo	ndence concerning this matter	to the following:			
		ALEXANDRE BALLERI	NI			
			Name of Person	A. J.		
		ALEXANDRE BALLERI	NI PA			
		44.044.4.4	Firm/Company			
		927 LINCOLN ROAD SU	TITE 200			
			Address			
		MIAMI BEACH FL 33139	9			
		-	City/State and Zip Code			
ALEX@ALEXBALLERINILAW.COM E-mail address: (to be used for future annual report notification)						
For fu	orther information co	oncerning this matter, please ea	·	incation)		
	XANDRE BALLER		786 5437478			
	Name o	f Person		nc Telephone Number		
Enclo	sed is a check for th	ne following amount:				
■ \$2	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)		

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DOADOLLAR.COM		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our recordited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Comp Florida document number $\frac{L16000167247}{L16000167247}$.	and assigned	
This amendment is submitted to amend the following:		
In this amendment is submitted to amend the following: In the new name, enter the new name of the limited liability company here: In the new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Inter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Inter new mailing address, if applicable:		
The new name must be distinguishable and contain the words "Limited L	Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS		16 OCT IN
Enter new mailing address, if applicable:		CONT P III
(Mailing address MAY BE A POST OFFICE BOX)	A-10-10-11-	
		s, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres:	s
		orida
	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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	RON VERGARA	927 LINCOLN ROAD SUITE 200	∃ Add
		MIAMI BEACH FL 33139	Pemove
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