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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: BUY DOUGE ESTATES, LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Frank Gaudino Name of Person	
Firm/Company	
4880 Donald Ross Rd Suite	S^{2}
Palm Beach Gardons, FL 33418)
E-mail address: (to be used for future innual report notification)	
For further information concerning this matter, please call:	
Marin Burbage at 564 4609829 Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{\$\text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \text{\$\text{Certified Copy (additional copy is enclosed)}} \text{\$\text{Certified Copy (additional copy is enclosed)}} \text{\$\text{\$\text{Certified Copy (additional copy is enclosed)}}} \text{\$\text{\$\text{\$\text{Certified Copy (additional copy is enclosed)}}} \$\text{\$\tex	
MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

	OF	FILED
Burbone Es	ty Company as It now appears on ou a Limited Liability Company)	SECRETARY AMIL: 44
The Articles of Organization for this Limited Liability Florida document number	Company were filed on $1/26$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the line My Online Metol. The new name must be distinguishable and end with the way. "L.L.C."	S. COM, LIC	designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office ad	stered office address on our reco dress here:	ords, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:	E-4 El	ida street address
	Enter Flor	iua sireel aaaress
	City	_, Florida 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 608, 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.

Zip Code

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u> **Name** Address **Type of Action** FrankGoudino Add Remove ☐ Add Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) gnature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00