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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	DOR	ADO SCIENCES LLC	•		
SUBJECT:	Name of Lin	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:			
	Anthony Morales				
		Name of Person			
	MyUSACorporation.com				
		Firm/Company	: ; ⁻ ·	2021 JUN -8	
	1 Radisson Plaza, Suite 80	0			,
	· .·	Address			
	New Rochelle, NY 10801		SEC.	PH 4:4	
		City/State and Zip Code		H +:	
	info@myusacorporation.co		!	ın —	
		to be used for future annual re	port notification)		
For further information of	concerning this matter, please c	all:			
Anthony Morales		877 3302 at ()	2677		
Name e	f Person	Area Code	Daytime Telephone Number		
Enclosed is a check for the	he following amount:				
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Fili Certificate Sed) Certified ((additional c	e of Status Copy	
Mailing Address Registration 9 Division of C P.O. Box 632 Tallahassee, 1	Section Corporations 27	Division The Cent 2415 N. I	iress: ion Section of Corporations re of Tallahassee Monroe Street, Suite 81 see, FL 32303	0	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DORA	DO SCIENCES LLC	
(Name of the Limited Liabil (A Florid	ity Company as it now appears on our recola Limited Liability Company)	rds.)
The Articles of Organization for this Limited Liability C	Company were filed on 07/29/2020	and assigned
Florida document number L20000226218	·	
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the lin	nited liability company here:	
DORADO	DEVELOPMENT GROUP LLC	20
he new name must be distinguishable and contain the words "Lit	mited Liability Company," the designation "LI	
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	<u>RESS)</u>	00
		234 7
		E 5 72 4: 4
Enter new mailing address, if applicable:	·	- H
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered		er the name of the new regist
gent and/or the new registered office address here:		
Name of New Registered Agents		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addi	
	rmer r tortau street adat	(23)
_ 	·	FloridaZip Code
	City	zsp Coae

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>	Address	Type of Action
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			□Remove
			□Change
			□Add
			Remove
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			☐ ☐ ☐ Remove
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