

L11000060530

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

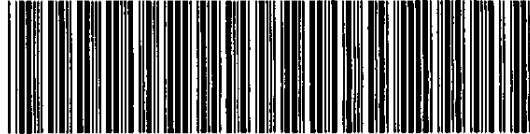
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400278587094

11/16/15--01029--005 **25.00

FILED

2015 NOV 16 P 5:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 17 2015
D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BUFFALO GREEN GRASS 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:

NATHANIEL KORN

Name of Person

IMAIM CAPITAL LLC

Firm/Company

655 W FLAGLER ST SUITE 203

Address

MIAMI, FL 33130

City/State and Zip Code

NKORN@IMAIMCAPITAL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NATHANIEL KORN

at (786) 383-7741
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

☒ \$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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 NOV 16 P 5:50

FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

BUFFALO GREEN GRASS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 2011-05-23 and assigned
Florida document number L11000060530.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

655 W FLAGLER ST SUITE 203

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FL 33130

Enter new mailing address, if applicable:

655 W FLAGLER ST SUITE 203

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI, FL 33130

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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, 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>	<u>Type of Action</u>
MGRM	ELLIOT L KORN	386 LARIMORE VALLEY DR	<input type="checkbox"/> Add
		ST. LOUIS, MO 63005	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	DIANE M KORN	386 LARIMORE VALLEY DR	<input type="checkbox"/> Add
		ST. LOUIS, MO 63005	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	NATHANIEL L KORN	655 W FLAGLER ST SUITE 203	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33130	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
 2016 NOV 10 P 5:50
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

~~(b) The 90th day after the record is filed.~~

2015

Signature of a member or authorized representative of a member

NATHANIEL KORN

Typed or printed name of signee

FILED
2018 NOV 16 P 5:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA