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B. BOSTICK

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COVER LETTER

TO: Registration Se Division of Cor				
SURJECT: Buffa	lo Pacific LLC			
	Name of Limited Liability Company			
The enclosed Articles of	Amendment and fee(s) are submitted for filing.			
Please return all correspo	ndence concerning this matter to the following:			
,	Anessa Allen Santos			
	Name of Person	_		
	Buffalo Pacific LLC			
	Firm/Company			
	6561 Marbella Lane			
	Address	-	1 ~3	
	Naples, FL 34105		ದ್ನು ಪಾ.,	~
	City/State and Zip Code	- :	. ;	ι.
	aallensantos@buffalopacific.com	. :		٠.
	E-mail address: (to be used for future annual report notification)		G^{\prime}	
For further information co	oncerning this matter, please call:		لإب	
Anessa Alle	en Santos _{at (} 239 ₎ 595-3794		63	
Name of	Person Area Code Daytime Telephone Numb	er		
Enclosed is a check for th	e following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 I Certificate of Status Certified Copy Certified	Filing Fee, cate of Stat		

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Certified Copy (additional copy is enclosed)

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

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Buffalo Pacific LLC		
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab	oility Company were filed on September 10, 2012	and assigned
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of the	he limited liability company here:	
The new name must be distinguishable and end with the wo	ords "Limited Liability Company," the designation "LLC" or the ab	previation "L.L.C."
Enter new principal offices address, if applicab	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered offic	registered office address on our records, enter t	f.t. f.
registered agent and/or the new registered offic	ce audress nere:	
Name of New Registered Agent:	• • • • • • • • • • • • • • • • • • • •	
New Registered Office Address:		· · · · · · · ·
	Enter Florida street address	13
	, 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 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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	David Allen	6198 St. Rt. 722	_= Add
		Arcanum, OH 45304	Remove
MGR	Anessa Allen Santos	6561 Marbella Lane	 Add
		Naples, FL 34105	Remove
		,	
			□·Remove
			Add
		: -	☐ Remove
			□ Add
			□ Remove
			□ Add
			_□ Remove

	, -	tion, enter change(s) here: (Attach additio	
` <u>-</u>	The Company, by a	and through the unanimous cons	sent of its Members,
	and in response to n	ew legislation requiring complian	ce with Chapter 605,
•	the new FL LLC Ac	t, has chosen to return to being	Manager-Managed.
•	Thus, please add the	listed Managers and notify us if any	additional paperwork
-	is needed to in order to	o convert our status, or otherwise co	mply with the new Act.
(The eff	tive date, if other than the ective date must be specific, cannute this document is filed by the Florian terms of the specific	ot be prior to date of receipt or filed date and cannot b	(optional) e more than 90 days after
Dated	April 5	<u>2014</u> .	`
	Soussay	MJULIN JONES Signature of a member of authorized representative	of a member
	Anessa Allen	Santos, General Counsel &	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00