## L12000115588

(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:	
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## **COVER LETTER**

Division of Cor			
Buffalo F	acific LLC		
Sobolici.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspondence	ndence concerning this matter	to the following:	
	David Allen		•
		Name of Person	
	Buffalo Pacific LLC		
		Firm/Company	
	35 Rockridge Road,	Suite A	
	_	Address	
	Englewood, OH 453	22	
	david.allen@buffalop	City/State and Zip Code	
	·	to be used for future annual report notifica	ation)
For further information c	oncerning this matter, please ca	all:	
David Allen		937 902-9634	
Name o	f Person	at () Area Code Daytime T	elephone Number
Enclosed is a check for the	ne 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Buffalo Pacific LLC  (Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L12000115588	were filed on 09/01/2012 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	35 Rockridge Road, Suite A	
(Principal office address MUST BE A STREET ADDRESS)	Englewood, OH 45322	
Enter new mailing address, if applicable:	35 Rockridge Road, Suite A	
(Mailing address MAY BE A POST OFFICE BOX)	Englewood, OH 45322	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her  Name of New Registered Agent:  New Registered Office Address:		

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Anessa Allen Santos	6561 Marbella Lane	Add
		Naples, FL 34105	■ Remove
			Add
			Remove
			Add
			□ Remove
			□ Remove
			☐ Remove
		**************************************	Li Aqu
			□ Remove

If amending any other information, enter	change(s) here: (Attach additional sheets, if necessary.)
Effective date, if other than the date of file (The effective date must be specific, cannot be prior to the date this document is filed by the Florida Department	date of receipt or filed date and cannot be more than 90 days after nent of State)
Dated April 1	2015
iANNOUTO	<del></del>
<del>-</del>	a member or authorized representative of a member
Anessa M. Allen Santos	
	Typed or printed name of signee

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Filing Fee: \$25.00