

L12000115588

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

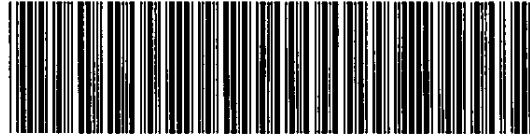
(Business Entity Name)

(Document Number)

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04/06/15--01023--014 **25.00

APR 22 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Buffalo Pacific 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:

David Allen

Name of Person

Buffalo Pacific LLC

Firm/Company

35 Rockridge Road, Suite A

Address

Englewood, OH 45322

City/State and Zip Code

david.allen@buffalopacific.com

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

For further information concerning this matter, please call:

David Allen

937 902-9634
at ()

Name of Person

Area Code

Daytime Telephone Number

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

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

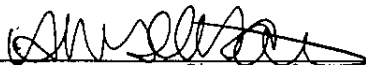
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Anessa Allen Santos	6561 Marbella Lane	<input type="checkbox"/> Add
		Naples, FL 34105	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated April 1 , 2015



Signature of 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

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