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(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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SECRETARY OF STATE
ALLAHASSEE, FLORID.

COVER LETTER

TO:	Registration Se Division of Cor			
SUB.	JECT: Buffalo En	gineering Services, LLC		
		Name of Lim	ited Liability Company	
The e	enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Pleas	e return all correspo	ndence concerning this matter	to the following:	
		Tatiana Santos/Jose (
			Name of Person	
		Buffalo Engineering S		
			Firm/Company	
		5571 Eureka Springs F	₹d	
			Address	
		Tampa FL 33610		
			City/State and Zip Code	
		buffaloengineeringse E-mail address: (ervices@gmail.com to be used for future annual report n	notification)
For fi	arther information c	oncerning this matter, please co		·
J	C Santos		at (<u>813</u>) <u>965-676</u>	0
	Name o	f Person	Area Code Day	time Telephone Number
Enclo	osed is a check for th	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

LLC		
Liability Company as it now app Florida Limited Liability Company	ears on our records.)	
bility Company were filed on _	January 27th, 2017	and assigned
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ving:		
he limited liability company	here:	
ds "Limited Liability Company," the	e designation "LLC" or the a	bbreviation "L.L.C."
ole:		
ADDRESS)		
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Enter F	torida street address	
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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>	Address	Type of Action
MRG	Tatiana R Santos	3212 Kingstown Ct, Orlando 32825	= Add
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te: If the date inserted in this bloc	k does not me	et the appl	icable stati	ning of mo	requirement	s, this date	will no	ot be lis	ted as
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record specifies a delayed of the 90th day after the recor		ite, but n	iot an en	ective tir	ne, at 12:	ui a.m.	on the	e earn	ier o
October 5th		2017	— <u>+</u> ·						
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00