## L17000022079

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## **COVER LETTER**

TO:

Registration Section Division of Corporations

**Buffalo Engineering Services LLC** SUBJECT: 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: Jose C Santos Name of Person **Buffalo Engineering Services LLC** Firm/Company 5571 Eureka Springs Rd Address Tampa /Florida /33610 City/State and Zip Code buffaloengineeringservices@gmail.com E-mail address; (to be used for future annual report notification) For further information concerning this matter, please call: 965-6760 Jose C Santos Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee, ☐ \$25.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Buffalo Engineering Services LLC	•		
(Name of the Lim	ited Liability Company as it now app (A Florida Limited Liability Compan	cars on our records.) yl	
The Articles of Organization for this Limited I Florida document number <u>L17000022079</u>		Florida	_ and assigned
This amendment is submitted to amend the fol			
A. If amending name, enter the new name	of the limited liability company	here:	
Innovation Pro Services LLC			
The new name must be distinguishable and comain the	words "Limited Liability Company." th	ne designation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if appli	cable:		
Principal office address MUST BE A STRE			. 5
7 melpur office musical property			73
	<del></del>	<u></u>	77
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	EBOX)		<del>- 11 - 22</del> -
			140 B
			2절 8
B. If amending the registered agent and/or agent and/or the new registered office addr	4	r records, <u>enter the name c</u>	d the new registere
Name of New Registered Agent:	Regina Santos		
New Registered Office Address:	5571 Eureka Springs Rd		
<del></del>	Enter i	Florida street address	
	Tampa	Florida <u>3</u> 3610	)
	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>	Name	Address	Type of Action
MGR	Regina Santos	5571 Eureka Springs Rd, Tampa FL -33610	■Add
			□Remove
			[]Change
MGR	Jose C Santos	5571 Eureka Springs Rd, Tampa FL-33610	🗆 Add
			■Remove
			☐Change 2.022
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			The O The O The O The O DAdd
			□Remove
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(813) 279-9869	
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Filing Fee: \$25.00