

L17000167768

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

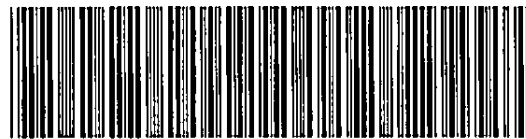
(Business Entity Name)

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2017 AUG 14 PM 3:33  
STATE OF MISSISSIPPI

AUG 16 2017  
J. HARRIS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Buff Enterprises L.L.C.  
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:

Jonathan Buff  
Name of Person

Buff Enterprises L.L.C.  
Firm/Company

506 Cocophum Dr. South  
Address

Jupiter, FL 33458  
City/State and Zip Code

buffjonathan@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jonathan Buff at (561) 972-0413  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

Buff Enterprises L.L.C.

Page 1 of 3

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>	<u>Address</u>	<u>Type of Action</u>
<u>MBR</u>	<u>Jonathan Buff</u>	<u>506 Cocoplum Dr. South</u>	<input checked="" type="checkbox"/> Add
		<u>Jupiter FL 33458</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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26th AUG 4 PM 03:30  
SOUTH BEACH  
FALL BRASSerie FL 33404

**D.. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

F. Effective date, if other than the date of filing: August 11<sup>th</sup> 2017 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated August 11<sup>th</sup>, 2017

  
Signature of a member of author

Signature of a member or authorized representative of a member

Jonathan Buff

Typed or printed name of signee

FILE  
2017 AUG 14 PM 3:38  
SOCIETY OF  
TALLAHASSEE