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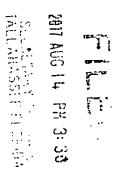
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J. HARRIE

COVER LETTER

	(COVER LETTER	₹	
TO: Registration Section of Corporation of Corporation of Corporation of Corporation (Corporation)				
SUBJECT: But	Exterprise Name of Limi	S L.L.C. ted Liability Company		
The enclosed Articles of Ai	nendment and fee(s) are sub-	nitted for filing.		
Please return all correspond	lence concerning this matter	to the following:		
	Jonatha	Name of Person		
	Buff E	Nerprises 1 Firm/Company	C.L.C.	
	500 Cocop	um Dr. Soed Address	ik	
	<u>Jupiter</u>	FL. 33458 City/State and Zip Code then Reymon be used for future annual re		
	B-mail address: (1	then e com	report notification)	
For further information con	cerning this matter, please ca	ill:		
<u>Jonathan</u> Name of 1		at (561)	772-0413 Daytime Telepho	ne Number
Name of 1	LISON	Area code	Duyuna retepak	The Publication
Enclosed is a check for the	following amount:			
	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is encl		\$60,00 Filing Fec, 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

Buff Enterprise	es L.L.C.		
(<u>Name of the Limited Liability Con</u> (A Florida Limite	npany as it now appears on our ed Liability Company)	records.)	
The Articles of Organization for this Limited Liability Compa	my were filed on <u>Aug.</u>	71 207	_ and assigned
Florida document number 17700 167768	. 0		_
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company here:		
The new name must be distinguishable and contain the words "Limited Lia	ability Company." the designation	on "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>		
(Principal office address MUST BE A STREET ADDRESS)		2+ / 	
		(34-78 100 F	
			- Parisar
Enter new mailing address, if applicable:			77
(Mailing address MAY BE A POST OFFICE BOX)		17/	ట్ల హి.
	 		C)
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our r ere:	ecords, enter the	e name of the no
Name of New Registered Agent:		····	
New Registered Office Address:	Enter Florida street	t address	
		, Florida	
-	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>	<u>Name</u>	Address	Type of Action
MBR	Jonathan Buff	506 Cocoplum Dr. South	 Add
		500 Cocoplum Dr. South Jupiter FL. 33458	Remove
			Change
			Add
			Remove
			Change
			Add
			☐ Remove
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ocument's effective dat	te on the Departmen	it of State's record	\$.			
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