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COVER LETTER

TQ: Registration Section Division of Corporations	
SUBJECT: Melissa Buffington, LLC Name of Limited Hability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Melissa Buffington Name of Person	
Name of Person	
Firm/Company	
•	
Address	
Lighthouse Pt, FL 33064	
Lighthouse Pt FL 33064 City/State and Zip Code Welissa S buffington @ guail.com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Molissa Buffington at (561) 613-5217 Area Code Daytime Telephone Number	
Name of Person	
Enclosed is a check for the following amount:	
✓ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Me 133	a Buffinat	on, LLC
(Name of the Limited Liability (A Florida Li	Company as it now appears on our mited Liability Company)	records.)
The Articles of Organization for this Limited Liability Com Florida document number	npany were filed on	2018 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited THE BUFF (NGTON) The new name must be distinguishable and contain the words "Limited Enter new principal offices address, if applicable:	COMPANY,	"L.L.C" or the abbreviation "L.L.C."
(Principal office address MUST BE A STREET ADDRES	<u>SS)</u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA	
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	ffice address on our records,	enter the name of the new registered
Name of New Registered Agent:	A	
New Registered Office Address:	Enter Florida street	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>	<u>Address</u>	Type of Action
	<u> </u>		∕∆∧dd
	NH		□Remove
			□ Change
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			(TChange

	NA
	· <u>·</u>
	1/1/2021
(II an el <u>No</u> te:	tive date, if other than the date of filing:
he reco ord is f	rd 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 filed.
Dated	December 18 2020
	Signature of a member or authorized topfesentative of a member