

L20 000 391866

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

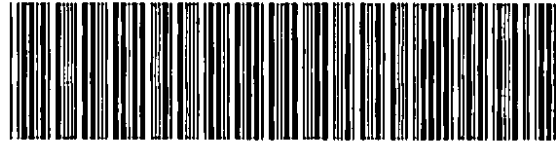
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500357453355

01/11/21--01014--006 **25.00

FILED
2021 JAN 11 PM 1:06

2/16/21
SA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Buffalo's Cargo LLC.

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:

Angel De La Noval Acosta

Name of Person

Buffalo's Cargo LLC.

Firm/Company

1100 N 64th AVE

Address

Hollywood, FL 33024

City/State and Zip Code

buffalos.cargo@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ricardo Castro

305 3516613

at (_____)

Name of Person

Area Code

Daytime Telephone Number

nclosed is a check for the 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 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**

Buffalo's Cargo LLC.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12/15/2020 and assigned
Florida document number L20000391866.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX)

FILED
2021 JAN 11 PM 1:06

If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

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 understand the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is 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

.. 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> |
|--------------|--------------------------|--------------------------------------|--------------------------------------------|
| P | Angel De La Noval Acosta | | <input type="checkbox"/> Add |
| | | 1100 N 64th AVE, Hollywood, FL 33024 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| IGR | Angel De La Noval Acosta | 1100 N 64th AVE, Hollywood, FL 33024 | <input checked="" type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

FILED
2021 JAN 11 PM 1:06

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

The title of "P" needs to be changed to that of "MGR" for Angel De La Noval Acosta. That is the only correction to be made.

FILED
2021 JAN 11 PM 1:06

Effective date, if other than the date of filing: _____ **(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.

Document 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 document is filed.

Effective date: January 4, 2021



Signature of a member or authorized representative of a member

Angel De La Noval Acosta

Typed or printed name of signer