21/7/22, 12:23

Division of Corporations

Florida Department of States División of Comporations Electronic Filmig Government

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : BTU INTERNATIONAL CONSULTING LLC

Account Number : I20210000139 Phone : (786)703-3163 Fax Number : (786)513-8147

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

| Email Address: | |
|----------------|------|
| | |

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BUFFALO CAPITAL ADVISERS LLC

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COVER LETTER

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| | | istration Sec sion of Corp | | | | | |
|---------------|---------------|-------------------------------|--|--|--|--|--|
| PUBLEZ | ve. | BUFFALO CAPITAL ADVISERS LLC | | | | | |
| SUBJEC | .1: | | Name of Lim | nited Liability Company | | | |
| The enclo | osed | Articles of A | Amendment and fee(s) are sub | omitted for filing. | | | |
| Please ref | turn | all correspor | ndence concerning this matter | to the following: | | | |
| | | | DANIEL MERLINO | | | | |
| | | | | Name of Person | | | |
| | | | BTU INTERNATIONAL | CONSULTING LLC | | | |
| | | | | Firm/Company | | | |
| | | | 1110 BRICKELL AVE. \$ | UITE 200, | | | |
| | | | | Address | | | |
| | | | MIAMI, FLORIDA. 3313 | 1 | | | |
| | | | | City/State and Zip Code | | | |
| | | | DMERLINO@BTU-INTE | RNATIONAL.COM (to be used for future annual report notification) | | | |
| For further | er in | formation co | oncerning this matter, please c | • | | | |
| DANIEL | | | , | 305 6807235 | | | |
| | | Name of | Person | at () Area Code Daytine Telephone Number | | | |
| Enclosed | ie n | check for the | e following amount: | | | | |
| | | | _ | □ \$55.00 EUL - P & □ \$40.00 EUL - P | | | |
| L \$23.0 | / 0 Γ1 | ling Fee | ☐ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certified Copy (additional copy is enc | | | |
| , <u>:</u> | <u>Mail</u> | ingAddress | i | StreetAddress: | | | |
| | | istration S | ection orporations | Registration Section | | | |
| | | . Box 6327 | | Division of Corporations The Centre of Tallahassee | | | |
| , | Tall | ahassee. F | 1, 32314 | 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | | |

ARTICLES OF AMENDMENT

2022-07-21 15:31:33 GMT

TO ARTICLES OF ORGANIZATION OF

H220002473713

From: Daniel Merlino

BUREALO CADITAL ADVISERS LLO

| BUFFALO CAPITAL ADVISERS LLC | | |
|---|---|---|
| (Name of the Limited Liability Company a (A Florida Limited Liabi | s it now appears on our records.) lity Company) | |
| The Articles of Organization for this Limited Liability Company were Florida document number L22000189714. | re filed on _05/05/2022 | and assigned |
| 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 C | 'ompany," the designation "LLC" or the ab | breviation "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) | | <u> </u> |
| B. If amending the registered agent and/or registered office addingent and/or the new registered office address here: | ress on our records, enter the nam | e of the new registered |
| Name of New Registered Agent: | | <u>· · · \=</u> : |
| New Registered Office Address: | | PIEN PIE |
| | Enter Florida street address | |
| | , Florida | Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | | 9 |
| New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as provideng filed to merely reflect a change in the registered office adecompany has been notified in writing of this change. | City o act in this capacity. I further agr formance of my duties, and I am footed for in Chapter 605, F.S. Or, | Zip Code Zip Code The comply with the cumiliar with and if this document is |

If Changing Registered Agent, Signature of New Registered Agent

1122000247371-3

From: Daniel Medino

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 |

| Title | <u>Name</u> | Address | Type of Action |
|-------|---------------------------|---|----------------|
| MGR | COHEN, ISAAC MARCELO | 1110 BRICKELL AVE., SUITE 200, MIAMI, 33131 | |
| | | <u> </u> | _ ≣Remove |
| | | | _ 🗆 Change |
| Mbr. | West Pineapple Street Ltd | 1110 BRICKELL AVE., SUITE 200, MIAMI, 33131 | |
| | | | _ Remove |
| | | | _ 🗆 Change |
| | | | _ 🗆 Add |
| | | | □Remove |
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| Meetive date, if other than the fan effective date is listed, the date in Note: If the date inserted in this document's effective date on the | nust be specific and o block does not me | annot be prior to e et the applicabl | date of fiting or more that e statutory filing requ | (optional) n 90 days after filing.) frements, this date w | Pursuant to 605,0207 (3 vill not be listed as th |
| record specifies a delayed effect d is filed. | tive date, but not a | n effective time | , at 12:01 a.m. on the | earlier of: (b) The | 90th day after the |
| Dated 21st July | | 2022 | | | |
| | | | MI. | / | |
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