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SUBJECT:	Buffed Cre	ations LLC		
sopore, i		Name of Lin	ited Uability Company	
			.•	
The enclose	d Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retur	n all correspo	indence concerning this matter	to the following:	
		Sofia Vasquez	Name of Person Firm/Company to 301 Address City/State and Zip Code .com s: tto be used for intere annual report notification) e call: 344	
			Name of Person	<u></u> _
		ZenBusiness INC		
			Firm/Company	
		336 E. College Ave Suite	301	
			Address	
		Tallahassee, FL 32301		
		fulfillment@zenbusiness.cc		
				fication)
For further i	nformation c	oncerning this matter, please c	all:	
c/o ZenBus	siness INC		844 493-6249	
	Name o	l'Person	Area Code Daytim	e Telephone Number
Enclosed is	a check for th	ne following amount:		
■ \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
<u> Ma</u>	iiling Addres	<u>s:</u>	Street Address:	
Re	gistration S	Section	Registration Se	
137	vicion of C	ornaratione	Division of Car	marations

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Buffed Creations LLC (Name of the Limited Liability Company as it now appears on our records.)
(A I lorida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{01/24/2023}{2}$ ____ and assigned Florida document number $\underline{1.23000043951}$ 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 "LLC." 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) B. 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

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.

City

H Changing Registered Agent. Signature of New Registered Agent

, Florida

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	Name	Address	Type of Action
AMBR	Chloe M Kurtz	14446 Cherry Lake Dr W	■Add
		Jacksonville, FL 32258	□Remove
			□Change
			□Remove
			□Change
			□Add
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ecord specifies a delayed effect is filed.	ive date, but not an effective tin	ne. at 12:01 a.m. on the ea	arlier of: (b) The 90th day afte	r the
is med.				
	2023			

Filing Fee: \$25.00