

# L23000145499

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

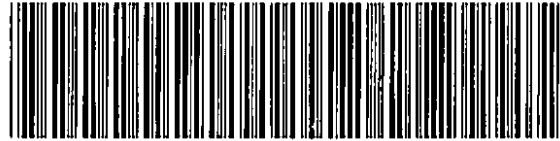
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000405992430

FILED

2023 APR 13 AM 10:54  
CLERK OF STATE  
TALLAHASSEE, FL

RECEIVED

2023 APR 13 AM 9:37  
ALI AHASSI, CLERK

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

\_\_ Please use funds from this account: I202210000160 **\$30.00**

Authorization Signature: *Sam Feltz*

Buffalo Marketing and Publishing LLC L23000145499

Business

Document Number

\_\_ **Certified Copy**

**X** **Certificate of Status**

**NEW FILINGS**

\_\_ Profit Corp  
\_\_ Not for Profit  
\_\_ Officer/Director  
\_\_ Limited Liability  
\_\_ Domestication  
\_\_ Other  
\_\_ **CORP**  
\_\_ **LLLP**

**AMENDMENTS**

**X** Amendment  
\_\_ Resignation of R.A.  
  
\_\_ Change of Registered Agent  
\_\_ Revocation of Dissolution  
\_\_ Merger  
\_\_ **Conversion**  
\_\_ **Amended and restated Articles**  
\_\_ **Statement of Authority**

**OTHER FILINGS**

\_\_ Annual Report  
\_\_ Fictitious Name  
\_\_ APOSTILLE  
Country

**REGISTRATION/QUALIFICATIONS**

\_\_ Foreign filing  
\_\_ Limited Partnership  
\_\_ Reinstatement

\_\_ Other

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Buffalo Marketing and Publishing 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:

Connor Fuhman  
Name of Person

Buffalo Marketing and Publishing LLC  
Firm/Company

146 Corral Circle  
Address

St. Augustine Florida 32092  
City/State and Zip Code

Connor Fuhman Business@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Connor Fuhman at (518) 522-0690  
Name of Person Area Code Daytime Telephone Number

Enclosed 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**

**FILED**

2023 APR 13 AM 10:54

Buffalo Marketing and Publishing LLC

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

CLERK OF STATE  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 03/22/2023 and assigned  
Florida document number 123000145444.

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)**

**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

City

Florida

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**

[illegible]

2023 APR 13 AM 10:54  
CLERK OF STATE  
TALLAHASSEE, FL

2023 APR 13 AM 10:54  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FL

(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.

Dated 4/12/2023

Samuel E. Freeman

Signature of a member or authorized representative of a member

Connor Fuhman

Typed or printed name of signer