P170003350

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bus	iness Entity Nan	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special instructions to F	ïling Officer:	

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T. LEPAYEUX



COVER LETTER

O: Amendment Section Division of Corporations			
·			
NAME OF CORPORATION: Buffalo Kond horse Inc			
OCCUMENT NUMBER: P170000 33550			
he enclosed Articles of Amendment and fee are submitted for filing.			
lease return all correspondence concerning this matter to the following:			
David Thomason			
Beflalo food here Inc			
Firm/ Company	•		
6941 Us Awy 19	_		
Newfork Kuchy Flor. da 34652. City/ State and Zip Code			
City/ State and Zip Code	_		
Clickarida @ gmail. com			
E-mail address: (to be used for future annual report notification)			
or further information concerning this matter, please call:			
David Thompson 352, 232-8976			
Name of Contact Person Area Code & Daytime Telephone Numb	er		
inclosed is a check for the following amount made payable to the Florida Department of State:			
\$35 Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)			
Mailing Address Amendment Section Amendment Section			

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Taliahassec, FL 32301

Articles of Amendment

	Articles of Incorporation		
Buffa	Roalhouse T	nc	
(Name of Corpo	protion as currently filed with the Florida L	Pent. of State)	
+1000	7033550		
(D	ocument Number of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Flits Articles of Incorporation:	lorida Statutes, this Florida Profit Corporation	n adopts the following	amendment(s) to
A. If amending name, enter the new name of the	he corporation:		
name must be distinguishable and contain the	word "corporation" "company" or "inco		The new
"Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or	Corp," "Inc," or "Co". A professional corp		
B. Enter new principal office address, if applic			·
(Principal office address MUST BE A STREET.	ADDRESS)		

C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	C BAVI		
(Matung address MAT BE A FUST OFFICE	BUX		
D. If amending the registered agent and/or res	elstered office address in Florida, enter the	name of the	
new registered agent and/or the new registe	ered office address:	•	,
Name of New Registered Agent			
	(Florida street address)		•
New Registered Office Address:		, Florida	
	(City)	(Zip C	ode)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age		tions of the position.	
	,		• *
			Addines
	Signature of New Registered Agent, if changi		34
	Signulure of New Kegisterea Agent, if change	ng the second	, and the same of
			17.7
		U	EY.
		,	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Zampto.	75.00 T. 1 Yes		
X Change	PT John Doe		
X Remove	V Mike Iones	i	
X Add	SV Sally Smith	l	
Type of Action (Check One)	Title No	amc	Address Ave
1) Change	<u>P</u>	Thomas Smill	14979 20dra Auc 1401.day Florida 34690
Add			
Remove			
2) Change	VP 1	Kinessa M Schmurs	orth
Add			
X Remove	າ ຕ		
3) Change	$\frac{P}{I}$	Babbi-Jo Goodwin	Port Kely 34668
X Add			Port Kely 396 00
Remove			
4) Change			
Add			
Remove			
5)Change			
Add			
Remove			
6) Change			
Add		,	
Remove			

If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)					
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	V-11				
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					·
					
f an amen provisions (if not	dment provides for an for implementing the applicable, indicate N	exchange, reclass sumendment if no (A)	ification, or cance t contained in the	ellation of issued shamendment itself:	ares.
		· · · · · · · · · · · · · · · · · · ·			····
	···-				
					*

The date of each amendment(s) adoption:	2017, if other than the
date this document was signed.	
Effective date if applicable: (no more that	2017 n 90 days after amendment file date)
Note: If the date inserted in this block does not meet the ap document's effective date on the Department of State's records	plicable statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. by the shareholders was/were sufficient for approval.	The number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders must be separately provided for each voting group entitled	through voting groups. The following statement to vote separately on the omendment(s):
"The number of votes east for the amendment(s) was	were sufficient for approval
by(voting group)	11
(voting group)	
☐ The amendment(s) was/were adopted by the board of direct action was not required.	ors without shareholder action and shareholder
The amendment(s) was/were adopted by the incorporators action was not required.	without shareholder action and shareholder
Dated Nov 144 2017	
Signature (By a director, president or other	officer - if directors or officers have not been
	the hands of a receiver, trustee, or other court
Dania (Typed or prin	ted name of person signing)
	tle of person signing)