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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Bry Burger Ocala, LLC. Name of Limited Liability Company	
Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	٠
Please return all correspondence concerning this matter to the following:	
Tyler Piercy Name of Person	
BPH Burger Ocala, LLC. Firm/Company	
1001 Brickell Bay Drive, Ste 1210	
Miami, FL 33131 City/State and Zip Code	
tpiercy @ breadpartners. us E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Tyler Piercy at (305) 371-3411 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$55.00 Filing Fee \$\ \text{Certified Copy}\$\$ (additional copy is enclosed) \$\$ \$60.00 Filing Fee, \$\$ \$6	

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BPH Burger Oca	la, LLC.	
(Name of the Limite	d Liability Company as it now appears on our record A Florida Limited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Lie Florida document number <u>L 16000 20 19</u>	ability Company were filed on	2016 and assigned
This amendment is submitted to amend the follo	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the we	ords "Limited Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	<u> 16</u>
(Principal office address MUST BE A STREE	T ADDRESS)	DEC T
Enter new mailing address, if applicable:		SF 23 PH 3: 5
(Mailing address MAY BE A POST OFFICE)	<u> </u>	<u> </u>
B. If amending the registered agent and/or the new registered of		is, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	255
	_	lorida
	City	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

. 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 <u>Address</u> Type of Action ARONSON, MICHAEL MGR 1001 Brickell Buy Dr Ste 1210 XAdd Miami, FL 33131 ☐ Remove _□ Change MGR MOGULLIDAVID 1001 Brickell Bay Dr Stellio Add Miami, FL 33131 ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Add 1600 OF Change PHdg: 5 | Remove □ Change □ Add ☐ Remove

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		Signature o	f a member or a	id orized renresen	ntative of a member		
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Filing Fee: \$25.00