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COVER LETTER

	Registration Sec Division of Corp			
eun ire	BF Fort My	ers - Daniels, LLC		
SUBJEC	1:	Name of Limi	ited Liability Company	
The enclo	osed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please ret	turn all correspor	ndence concerning this matter	to the following:	
		Lori Smilie		
			Name of Person	
		BurgerFi		
			Firm/Company	
		105 US Highway 1		
			Address	
		North Palm Beach, FL 334	08	
		lori@burgerti.com	City/State and Zip Code	
		E-mail address: (i	to be used for future annual report notific	ation)
For furthe	er information co	oncerning this matter, please ca	all:	
Kristina	Shockley		561 598-6417	
	Name of	Person	Area Code Daytime	Felephone Number
Enclosed	is a check for the	e following amount:		
\$25.0	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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Br ron Myers - Daniels, LLC						
(<u>Name of the Limited Lial</u> (A Flo	bility Company as it now appears or rida Limited Liability Company)	n our records.)				
The Articles of Organization for this Limited Liability Florida document number L19000149490	y Company were filed on 6/5/19	and assigned				
This amendment is submitted to amend the following	:					
A. If amending name, enter the new name of the li	f amending name, enter the new name of the limited liability company here:					
The new name must be distinguishable and contain the words "I	Limited Liability Company," the desig	nation "LLC" or the abbreviation "L.L.C."				
Enter new principal offices address, if applicable:						
(Principal office address MUST BE A STREET AD	DRESS)					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)						
B. If amending the registered agent and/or re registered agent and/or the new registered office a	_	ir records, enter the name of the i				
Name of New Registered Agent:						
New Registered Office Address:	Enter Florida	street address				
	2					
_	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 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 ador removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Kevin Cooper	105 US Highway 1 North Palm Beach, FL 33408	■ Add
			Remove
			☐ Change
MGR	Corey Winograd		
		105 US Highway 1 North Palm Beach, FL 33408	Remove
			☐ Change
AMBR	BF Restaurant Management, LLC		
		105 US Highway 1 North Palm Beach, FL 33408	Remove
			Change
			Remove
			Change
			□ Remove
			☐ Change
			Add
			Remove
			☐ Change

	
	6/28/19
(If an effective Note: If the	date, if other than the date of filing:
document	
the record	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier Oth day after the record is filed.
the record	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier
the record) The 90	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier

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Filing Fee: \$25.00