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To:

Division of Corporations

Fax Number : (850)617-6383

From:

ACCOUNT Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BF FORT MYERS - DANIELS, LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BF FORT MYERS - DANIELS, LLC		
( <u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on our mited Liability Company)	records.)
The Articles of Organization for this Limited Liability Con	and assigned	
Florida document number L19000149490		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d 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 ADDRE,	<u> </u>	2022
		2022 MAY -2 (P.M.3: 03
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered o	effica address on our records	-
agent and/or the new registered office address here:	mire aggress on our records,	ther the fame of the new regimence
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
	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.

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	BurgerFi Restaurant Management LLC	200 West Cypress Creek Rd, Suite 220	<b>=</b> Add
		Ft. Lauderdale, FL 33309	Remove
		, ,	□Change
MGR	BurgerFi International, LLC	200 West Cypress Creek Rd, Suite 220	□Add
		Ft. Lauderdale, FL 33309	<b>■</b> Remove
		<u>:</u>	□Change
Authorized Representative	Buines, lan	200 West Cypress Creek Rd, Suite 220	ZOZZ MAY
		Ft. Lauderdale, FL 33309	MAY -2 ■Rignove -2
Authorized Representative	Renna, Patrick	200 West Cypress Creek P.d. Suite 220	
<del></del>		Ft. Lauderdale, FL 33309	Remove
Authorized Representative	Schnopp, Stefan	200 West Cypress Creek Rd, Suite 220	
		Ft. Landerdale, FL 33309	≣Remove
		10 4	□Change
Authorized Representative	Rabinovitch, Michael	200 West Cypress Creek Rd. Suite 220	□Add
		Ft. Lauderdale, FL 33309	
		3	
			☐ Change

□ Change

MGR = Manager AMBR = Authorized Member

AMBR = Auth	orized Member	:·	•
<u>Title</u>	Name	Address	Type of Action
Authorized Representative	Zavolta, Michelle	200 West Cypress Creek Rd, Suite 220	□Add
		Ft. Lauderdale, FL 33309	■Remove
			Change
Authorized Representative	Biskin, Ron	Ft. Lauderdale, FL 33309	
		Ft. Lauderdale, FL 33309	Remove
			□Change
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If an effective date is listed, the date n	nust be specific and	cannot be prior to	date of filing or r	nore than 90 days	after filing.) Pursu	ant to 605,020	)7 (3) se tha
Note: If the date inserted in this document's effective date on the	Department of St	eet the applicable tate's records.	ie statutory min	ig requirements	, this date with it	or oc insicula	is tin
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Dated May 2		2022					
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