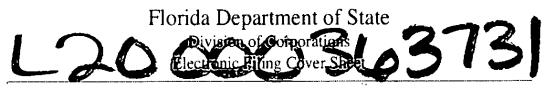
Division of Corporations

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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.\*\*

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BF ORLANDO-DR. PHILLIPS, LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

BF ORLANDO-DR. PHILLIPS, LLC		
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000363731</u> .	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
	<u></u>	····
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 nam	ne of the new registere
agent and/or the new registered office address here:		20
Name of Nam Banistaned Agants		22 H
Name of New Registered Agent:		~
New Registered Office Address:	Enter Florida street address	<u> </u>
	F73 4.4	7. PH 100
	City: Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<u>.</u>	21
I hereby accept the appointment as registered agent and agr	· ·ee to act in this capacity. I further av	ree to comply with the
provisions of all statutes relative to the proper and complete	performance of my duties, and I am j	familiar with and
accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office	provided for in Chapter 605, F.S. Or, address I hereby confirm that the liv	if this document is a mited liability
company has been natified in writing of this change	address, I nevery conjum that the th	инса насииј

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	BurgerFi Restaurant Management LLC	200 West Cypress Creek Rd, Suite 220	
		Ft. Lauderdale, FL 33309	□ Remove
			□ Change
MGR	BurgerFi International, LLC	200 West Cypress Creek Rd, Suite 220	□Add
		Ft. Lauderdale, FL 33309	■Remove
Authorized Representative	Baines, lan	200 West Cypress Creek Rd, Suite 220	🗆 Add
		Ft. Lauderdale, FL 33309	Remove
			□Change
Authorized Representative	Renna, Patrick	200 West Cypress Creek Rd, Suite 220	🗀 Add
		Ft. Lauderdale, FL 33309	■ Remove
			Change
Authorized Representative	Schnopp, Stefan	200 West Cypress Creek Rd, Suite 220	
		Ft. Lauderdale, FL 33309	■ Remove
			□Change
Authorized Representative	Rabinovitch, Michael	200 West Cypress Creek Rd, Suite 220	🗆 Add
		Ft. Lauderdale, FL 33309	≅ Remove

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

<u>Title</u>	Name	Address	Type of Action
Authorized Representative	Zavolta, Michelle	200 West Cypress Creek Rd, Suite 220	🗆 🗆 Add
		Ft. Lauderdale, FL 33309	<b>■</b> Remove
			Change
Authorized Representative	Biskin, Ron	200 West Cypress Creek Rd, Suite 220	□Add
		Ft. Lauderdale, FL 33309	■Remove
<del></del>			□Add
			□ Remove
			□Change
			🗀 Add
			Remove
			Change
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			Remove
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			□Add
			Remove
			□ Change

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ffective date, if other than	the date of filing:	200	(optional)	
fan effective date is listed, the date Note: If the date inserted in th	e must be specific and cannot be pri is block does not meet the appl	or to date of filing or more th licable statutory filing req	an 90 days after filing.) Pursuant to uirements, this date will not be	o 605.020 e listed a
locument's effective date on the	he Department of State's record	ls.		
				0 1
record specifies a delayed effe d is filed.	ective date, but not an effective	time, at 12:01 a.m. on th	e earlier of: (b) The 90th day	aner inc
Dated May 5	. 2022	·		
2/11. VK				
Wills als	Signature of a member or au	thorized representative of a	nember	
Nicholas Nichols, A	Signature of a member or au	thorized representative of a	nember	