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SECRETARY OF STATE

2024 HAR 27 PH 2:

COVER LETTER

TO: Registration So Division of Con		;	
	RGERS, LLC	1	
SUBJECT:	Name of Lin	nited Liability Company	· ·
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Daniel A. Mowrey		
		Name of Person	· <u> </u>
	Mowrey Law Firm, PLLC		
	 	Firm/Company	700
	2801 N. Third Street		TALL TALL
		Address	TAR
	St. Augustine, FL 32084		Y 94 PH
	dan@mowreylaw.com	City/State and Zip Code	2024 MAR 27 PH 2: 14 SECRETARY OF STATE STALL ARRASSEE. FL
	E-mail address: (to be used for future annual report notification)	
For further information of	oncerning this matter, please e	all:	
DAniel A. Mowrey		904 824-7799 at ()	
Name o	f Person	Area Code Daytime Telephon	e Number
Enclosed is a check for the	nc following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration 5	Section	Street Address: Registration Section	
Division of Corporations P.O. Box 6327		Division of Corporation The Centre of Tallahasse	
Tallahassee, l	FL 32314	2415 N. Monroe Street, Tallahassee, FL 32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

N. FL BURGERS, LLC		
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 11/04/2021	and assigned
Florida document number L21000478410		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
he new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" o	
Enter new principal offices address, if applicable:		2021 SE
Principal office address MUST BE A STREET ADDRESS)		
		2E 2
		Se P M
Inter new mailing address, if applicable:		Fig. 23
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	ddress on our records, <u>enter th</u>	e name of the new regi
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Todd Christensen	17750 Sparkling River Road, Boca Raton, FL 33496	= Add
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ective date, if ot	her than the date of ted, the date must be spec	of filing:	to date of filing or r	oure than 90 days:	ptional)	Pursuant to 605 (
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amont 3 checuve	date on the Departition	in w Blace s records	•			
cord specifies a de	clayed effective date,	but not an effective t	ime, at 12:01 a.m.	on the earlier of	(b) The	90th day after
s filed.	. MARC	4 24. 70	24			
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	Signatu	re of a member or auth	orized representative	e of a member		
	-	/	, 0	wrey		