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Division of Corporations

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

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13. N

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BK WHOPPER BAR, LLC

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COVER LETTER

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SUBJECT:	BK Whopp	er Bar, LLC	نتنا	5. Kr	
LFC BOTTON	***************************************	Name of Lin	nited Liability Company	deported a minus of them you you had a deep of the selection of the select	
The enclosed	l Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return	i all cor re spo	ndence concerning this matter	to the following:		
		Lisa Giles-Klein			
			Name of Person		
		Burger King Corporation			
			Firm/Company		
		5505 Blue Lagoon Drive			
			Address		
		Miami, FL 33126	•		
			City/State and Zip Code		
		LGiles@rbi.com	to be used for future annual		
For further in	formation ∝	oncerning this matter, please ca	ان نخد		•
Sharalea And	drade		305 378 at ()	8-7095	
	Name of	Person	Area Code	Daytime Telephone Number	propoden a lor of Mr.
Enclosed is a	check for th	e following amount:			
図 \$25,00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is end	Certificate Certified	of Status &

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, PL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	opper Bar, LLC	
(Name of the Limited Liability Co. (A Florida Limit	mpany as it now appears on our records, led Liability Company))
The Articles of Organization for this Limited Liability Compa		and assigned
Florida document number I.10000124629		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
•		4. 2
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" of	or the abbreviation "Lil., C."
Enter new principal offices address, if applicable:	thu.	AZE A
(Principal office address MUST BE A STREET ADDRESS)		<u>%</u>
		mo = N
		S
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	\	s.
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		enter the name of the new
registered agent and/or the new registered office address to	ici c.	
Name of New Registered Agent:		
Name of New Registered Argent.		
New Registered Office Address:	Enter Florida street address	
	·	
	City , Flori	ida Zip Code
New Registered Agent's Signature, if changing Registered Agen	•	enga mereni
HEM DESIGNATED A SIGNATURE IT CHANGE VENNELCH ASE	1112	

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

Page 1 of 3

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	Address	Type of Action
MGR	Timothy Brinkley		□ Add
		5505 Blue Lagoon Drive, Miami, F	☐ Remove
			□ Chango
MGR	Lisa Giles-Klein	5505 Blue Lagoon Drive, Miami, F	Add
			□ Remove
			Change
	*** - * ***		
			□ Remove
			Change
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		05-	□ Remove
			□ Change
			□ Remove
			AH AH
			AHASSEE LORIDA
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•	nation, enter change(s) here: (Attach additional sheets,	4 · · · · · · · · · · · · · · · · · · ·
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e: If the date inserted in this unent's effective date on the	ust be specific and cumot be prior to date of filing or more than 90 day block does not meet the applicable statutory filing requirement Department of State's records. The defective date, but not an effective time, at 12	nts, this date will not be listed
d May 12	2017	
	7	~
	Signature of a member or audiorized representative of a member	
	Tim Cites Klein	AR A
	Lisa Giles-Klein Typed or printed name of signee	Y 12 ASSE
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	Page 3 of 3	AM 9: 0. Festate Florid
	Filing Fee: \$25.00	5