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EXAMINE"

COVER LETTER ·

TO:

Registration Section Division of Corporations

BF BURGER GROUP, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MICHAEL BERKMAN

Name of Person

BF BURGER GROUP, LLC

Firm/Company

1955 E. HALLANDALE BEACH BLVD

Address

FIRST FLOOR, HALLANDALE BEACH, FL, 33009

City/State and Zip Code

MICHAEL@BGMGROUPUSA.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL BERKMAN

_{ar} 305 **790-9488**

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

□ \$25.00 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

BF BURGER GROUP, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

A. If amending name, enter the new name of the limited liability company here: BGM GROUP ENTERPRISES, LLC The new name must be distinguishable and end with the words "Limited Liability Company," "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	J		reviation
BGM GROUP ENTERPRISES, LLC The new name must be distinguishable and end with the words "Limited Liability Company," L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	J		reviation
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(Mailing address MAY BE A POST OFFICE BOX) FIRST FLOOF HALLANDALE B. If amending the registered agent and/or registered office address on our registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	BEACH, FL,	33009	
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City	Florida street add	lress 🖽 🚊	
New Registered Agent's Signature, if changing Registered Agent:	Florida street add	lress 🖽 🚊	

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Ma MGRM = N	nager Managing Member	,	
<u>Title</u>	Name	Address	Type of Action
<u></u>			Add
			Remove
			
 			
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D. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	· · · · · · · · · · · · · · · · · · ·
Dated	3/5/2013
	Signature of a member or authorized representative of a member
	MICHAEL BERKMAN
	Typed or printed name of cirmes

Page 3 of 3

Filing Fee: \$25.00