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(Req	uestor's Name)	
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Certified Copies	Certificate	s of Status
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K.SALY EXAMINER DEC - 9 2015

COVER LETTER

Div	ision of Corp	orations			
SUBJECT:		d Beach, LLC			
		Name of Limi	ited Liability Company		
The enclosed	l Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please return	all correspor	ndence concerning this matter	to the following:		
		Ross A. Goldstein, Esq.			
			Name of Person		
		BurgerFi International, LLC	С		
Firm/Company					
105 US Highway 1					
		<u></u>	Address		
		North Palm Beach, FL 334	08		
			City/State and Zip Code		
		ross@burgerfi.com			
		E-mail address: (t	to be used for future annual report not	ification)	
For further in	nformation co	ncerning this matter, please ca	all:		
Corey Wino	grad		561 844-5528 at ()		
	Name of	Person	Area Code Daytin	ne Telephone Number	
Enclosed is a	check for the	e following amount:			
■ \$25.00 F	iling 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:

TO:

Registration Section

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

	2015 DEC -7 PH 3: 15
.) /	PH 3: 15 ALLAHASSEE, FLOATE and assigned

BF Deerfield Beach, LLC (Name of the Limited Liability Company as it now appears on our records.
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{04/08/2013}{1}$ Florida document number $\frac{L13000051815}{}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited 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 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 records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

____, Florida

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
AMBR	BF Restaurant Management, LLC	105 US Hwy 1 NPB, FL 33408	Add
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	11/30 GWM	Signature of a	member or au	thorized repr	esentative of a 1	nember	<u>.</u>		
				•					
	Corey Winograd, Man	ager	Typed or pri			•			

Page 3 of 3

Filing Fee: \$25.00