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(Re	equestor's Name)	
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то:	Registration Se Division of Cor		, ,	
SUBJI	COT	d Beach, LLC		
SUBJ	EC1:	Name of Lim	ited Liability Company	
The er	nclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Lori Smilie		
			Name of Person	
		BurgerFi		
			Firm/Company	
		105 US Highway 1		
			Address	
		North Palm Beach, FL 334	408	
			City/State and Zip Code	
		lori@burgerfi.com		
		E-mail address: (to be used for future annual report notifi	cation)
For fu	rther information co	oncerning this matter, please ca	all:	
Kristi	na Shockley		561 598-6417 at ()	
	Name of	Person		Telephone Number
Enclos	sed is a check for th	e following amount:		
\$2	5.00 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

Florida document number 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 "LLC" 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	BF Deerfield Beach, LLC		
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registered agent and/or the new registered office address here:	(Mailing address MAY BE A POST OFFICE BOX)		TALLAHASSE
TATE OF SECOND S			records, enter the name of the
Name of New Registered Agent:		<u></u>	₩3£ <u>-</u>
	Name of New Registered Agent:		7-
New Registered Office Address:	New Registered Office Address:		
Enter Florido street address		Enter Florida str	reet address
Florida			
City Zip Code New Registered Agent's Signature, if changing Registered Agent:		•	Zip Code

New Registered Agent's Signature, it 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 addor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Kevin Cooper	105 US Highway 1 North Palm Beach, FL 33408	
		-	□ Remove
			Change
MGR	Corey Winograd		Add
		105 US Highway 1 North Palm Beach, FL 33408	■ Remove
			Change
AMBR	BF Restaurant Management, LLC		Add
		105 US Highway 1 North Palm Beach, FL 33408	Remove
			☐ Change
			Add
			Remove
			Change
		 	□ Remove
			Change
			Add
			□ Remove
			Change

. 11 81114	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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	6/28/19
(If an eff	(optional) decrive date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	Signature of a member or authorized representative of a member
	Kristina Shockley Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00