L16000195160

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COVER LETTER

SUBJECT:		rant Group, LLC		
OBJECT:		Name of Lin	nited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		Stacey Vogel		
			Name of Person	· · · · · · · · · · · · · · · · · · ·
		BG Capital Group		
			Firm/Company	
		1250 South Pinc Island Ro	oad Suite 500	
			Address	
		Plantation, FL 33324		
			City/State and Zip Code	
		svogel@bgcap.com		
or further in	formation c	E-mail address: (to be used for future annual report notif	ication)
Stacey Vogel	l		954 762.2223	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a	check for th	he following amount:		
■ \$25.00 Fi	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: 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

BG Restaurant Group, LLC		
(<u>Name of the Limited Lial</u> (A Flor	bility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L16000195160	Company were filed on October 21, 2016	and assigned
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "l.	imited Liability Company," the designation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable:	· · · · · · · · · · · · · · · · · · ·	<u> </u>
(Principal office address MUST BE A STREET ADD	DRESS)	7 7
		5 5
		PH
Enter new mailing address, if applicable:		9 PH 2:
(Mailing address MAY BE A POST OFFICE BOX)		27
B. If amending the registered agent and/or registered agent and/or the new registered office ac		the name of the new
Name of New Registered Agent:		
New Registered Office Address:		_
	Enter Florida street address	
	, Florida	
	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
AMBR	BG Capital Management South Flo	1250 South Pine Island Road, Suite	Add
			■ Remove
			☐ Change
AMBR	Robert Genovese	1250 South Pine Island Road Suite	B Add
			□ Remove
			□ Change
			DE Romove Change
		47	Add 2
			Remove
		Change	
			Add
		Remove	
		☐ Change	
			🗖 Add
			☐ Remove
			☐ Change

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	·
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	27
(If an e <u>Note:</u>	tive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	December 15, 2016
	Signature of a member or authorized representative of a member
	Stacey Vogel
	Typed or printed name of signee

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Filing Fee: \$25.00