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## **COVER LETTER**

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	Registration Se Division of Cor			
SUBJEC	BURRITO	GALLERY NORTH FLORID	A, LLC	
SUBJEC		Name of Lim	aited Liability Company	<u> </u>
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		J. PAUI. SHOCKEY		
			Name of Person	
		BGNF, LLC		
		··	Firm/Company	
		121 PARADISE VALLEY	DR.	
			Address	
		PONTE VEDRA, FL 3208	31	
			City/State and Zip Code	<del></del>
		JPAULSHOCKEY@GMA		
			to be used for future annual report no	tification)
For furth	er information co	oncerning this matter, please ca	ail:	
J. PAUL	SHOCKEY		904 613-5997 at ( )	
	Name of	Person	Area Code Daytir	ne Telephone Number
Enclosed	is a check for th	e following amount:		
□ \$25.0	00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (udditional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Registra Divisio P.O. Bo	ING ADDRESS: ation Section of Corporations ox 6327 ssee, FL 32314	STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C	on orations

Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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### BURRITO GALLERY NORTH FLORIDA, LLC

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

(A Florida Limited Liability Company)

	(A Florida Limited)	ыавину Сотрану)	1 Only
The Articles of Organization for this Limited I		were filed on JULY 27, 2017	and assigned
Florida document number L17000160763			
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	ility company here:	
BGNF, LLC			
The new name must be distinguishable and contain the	words "Limited Liabi	ity Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		NA	
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:			enter the name of the
New Registered Office Address:		Enter Florida street address	
	<del></del>	, Flori	da Zip Code
		Cuy	zīp Coae

### 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		2017 OCT 24 AM 11: 05 Type of Action		
AMBR = A	uthorized Member	2017 007 0		
<u>Title</u>	<u>Name</u>	Address AMII: 05	Type of Action	
	NA	Address ALASSEE STATE		
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ote: If the date inserted in this bloc	e specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 k does not meet the applicable statutory filing requirements, this date will not be listed as
ocument's effective date on the Dep	artment of State's records.
	effective date, but not an effective time, at $12{:}01$ a.m. on the earlier of ${'}$ d is filed.
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Filing Fee: \$25.00