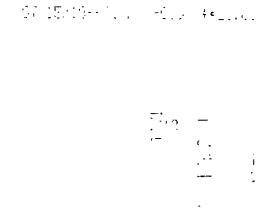
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(Requestor's Name)
(Nequestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
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(Decument Number)
(Document Number)
Certified Copies Certificates of Status
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COVER LETTER

TO:	Registration of	Section Corporations				
SUBJI		i Management Services, LLC				
	ECT:	Name of Limited Liability Company				
The en	closed Article:	of Amendment and fee(s) are submitted for filing.				
Please	return all corre	spondence concerning this matter to the following:				
		Lori Smilie				
		Name of Person				
BurgerFi						
		Firm/Company				
		105 US Highway 1				
		Address				
	North Palm Beach, FL 33408					
City/State and Zip Code						
		lori@burgerfi.com				
		E-mail address: (to be used for future annual report notification)				
For fur	ther information	n concerning this matter, please call:				
Kristir	na Shockley	561 598-6417 at ()				
	Nar	e of Person Area Code Daytime Telephone Number				
Enclos	ed is a check f	r the following amount:				
\$2	5.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status 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

TO ARTICLES OF ORGANIZATION

OF

BurgerFi Management Services, LLC		
(<u>Name of the Limited Liability</u> (A Florida	Company as it now appears on our reco Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Co. Florida document number L18000024057		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	ESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		· i
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		rds, enter the name of the
Name of New Registered Agent:		4.
New Registered Office Address:	Enter Florida street add	
	Enter r tortaa street aad.	russ
		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 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 i. 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

or 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	■ Add
			□ Remove
			Change
MGR	Corey Winograd		Add
		North Palm Beach, FL 33408	■ Remove
			Change
			Add
			☐ Remove
			□ Change
			Remove
			Change
			Add
			□ Remove
			□ Change
			Add
			☐ Remove
			Change

6/28/19
E. Effective date, if other than the date of filing:
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a document's affective date on the Department of State's records
document's effective date on the Department of State's records.
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
(b) The 90th day after the record is filed.
I
Dated July 9th 29th
Dated July 9 0 2949
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