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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053 : (561)694-8107 Phone : (561)214-8442 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:		
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BF TALLAHASSEE, LLC

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

BF TALLAHASSEE, LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lir	ompany as it now appears on our rec nited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Com		and assigned
Florida document number L18000250038		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l 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 ADDRES	<u> </u>	
		2022
		2022 HAY
Enter new mailing address, if applicable:		h 12
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
	ra 11	.: _,
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	nice address on our records, <u>en</u>	iter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Floridu street ad	
	City	, Florida
Naw Desictored Agent's Signature if changing Registered A	•	any Creat

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 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
MGR	BurgerFi Restaurant Management LLC	200 West Cypress Creek Rd, Suite 220	≣Add
		Ft. Lauderdale, FL 33309	☐ Remove
			[] Change
MGR	ROSATTI, JOHN	200 West Cypress Creek Rd, Suite 220	□ Add
		Ft. Lauderdale, FL 33309	Remove
			□Change
			Add Remove
	***************************************		☐Change
			☐ Remove
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fective date, if other than the an effective date is listed, the date must	date of filing:	a to data of filling or more	(optional)	Parecupat to 605 020
ote: If the date inserted in this blo	ock does not meet the application	cable statutory filing	requirements, this date w	rill not be listed as
ocument's effective date on the De	partment of State's records	5.		
			a i e as ms	00.1 8 15
record specifies a delayed effective is filed.	edate, but not an effective t	ime, at 12:01 a.m. on	the eartier of: (b) The	90th day after the
ated May 10	2022			
Wills als				
	Signature of a member or auth			

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