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JUL 15 10 10 AM '19

FILED  
JUL 15 2019  
CLERK OF COURT  
JUL 15 2019

JUL 20 2019

CAC

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** BF Naples Immokalee, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence 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 further information concerning this matter, please call:

Kristina Shockley

561

598-6417

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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

## Page 1 of 3

in 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>                   | <u>Address</u>                                 | <u>Type of Action</u>                      |
|--------------|-------------------------------|------------------------------------------------|--------------------------------------------|
| MGR          | Kevin Cooper                  | 105 US Highway 1<br>North Palm Beach, FL 33408 | <input checked="" type="checkbox"/> Add    |
|              |                               |                                                | <input type="checkbox"/> Remove            |
|              |                               |                                                | <input type="checkbox"/> Change            |
| MGR          | Corey Winograd                |                                                | <input type="checkbox"/> Add               |
|              |                               | 105 US Highway 1<br>North Palm Beach, FL 33408 | <input checked="" type="checkbox"/> Remove |
|              |                               |                                                | <input type="checkbox"/> Change            |
| AMBR         | BF Restaurant Management, LLC |                                                | <input type="checkbox"/> Add               |
|              |                               | 105 US Highway 1<br>North Palm Beach, FL 33408 | <input checked="" type="checkbox"/> Remove |
|              |                               |                                                | <input type="checkbox"/> Change            |
|              |                               |                                                | <input type="checkbox"/> Add               |
|              |                               |                                                | <input type="checkbox"/> Remove            |
|              |                               |                                                | <input type="checkbox"/> Change            |
|              |                               |                                                | <input type="checkbox"/> Add               |
|              |                               |                                                | <input type="checkbox"/> Remove            |
|              |                               |                                                | <input type="checkbox"/> Change            |
|              |                               |                                                | <input type="checkbox"/> Add               |
|              |                               |                                                | <input type="checkbox"/> Remove            |
|              |                               |                                                | <input type="checkbox"/> Change            |

6/28/19

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(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 (3)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

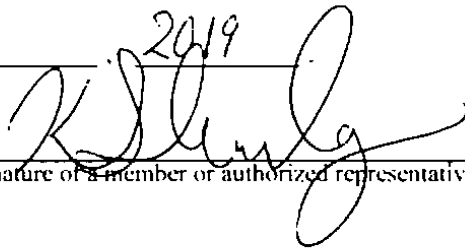
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated \_\_\_\_\_

July 9<sup>th</sup>

2019



Signature of a member or authorized representative of a member

Kristina Shockley

Typed or printed name of signee