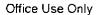


	(Req	uestor's N	Vame)	
	(Add	ress)		
			_	
	(Add	ress)		
	(City	/State/Zip	/Phone	#)
PICK-U	IP	□ w/	AIT	☐ MAIL
_				
	(Bus	iness Ent	ity Nam	e)
	(Doc	ument Nu	ımpeı)	
Cartified Coninc		Cod	ificator	of Ctatus
Certified Copies		Cen	incates	OI Status
Special Instruction	s to F	iling Offic	er:	





05/28/19--01018--624 **25.60



COVER LETTER

Registration Section
Division of Corporations

Tallahassee, FL 32314

TO:

QSR SOUT	THERN GROUP LLC		
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
	ondence concerning this matter		• 3
	Joseph R. Locker		
	QSR SOUTHERN GROU	Name of Person P LLC	
		Firm/Company	
	848 IST AVENUE NORT	'H, SUITE 300	
	·	Address	
	NAPLES, FL 34102		
	BBRIGGS@ASKARMAN	City/State and Zip Code AGEMENTGROUP.COM	
	E-mail address: (to be used for future annual report notifi	ication)
For further information of	concerning this matter, please c	all:	
Joseph R. Locker		239 822-1610 at ()	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he 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)
	ING ADDRESS:	STREET/COURIE	
	ration Section on of Corporations	Registration Section Division of Corpora	
	ox 6327	Clifton Building	RIVIIS

2661 Executive Center Circle Tallahassee, FL 32301

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

QSR SOUTHERN GROUP LLC

ARTICE	TO	
, DOLGE	TO	****.
ARTICLE	S OF ORGANIZATION	V
	OF	
		*- 5
QSR SOUTHERN GROUP LLC		<u> </u>
(<u>Name of the Limited Liabi</u> (A Flori	dity Company as it now appears on ou da Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liability	Company were filed on 03/15/201	and assigned
	company were med on	and assigned
Florida document number L19000073712		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	 	
(Principal office address MUST BE A STREET ADD	ORESS)	
•		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg	istered office address on our	records enter the name of the r
registered agent and/or the new registered office ad		records, enter the name of the I
Name of New Registered Agent:		
New Registered Office Address:		
Tree: Itegioreta Office Humbon.	Enter Florida stre	ret address
	City	, Florida Zip Code
	City	Zip Coue

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, <u>enter the title, name, and address of each person_being ad or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Kousay Askar	848 IST AVENUE NORTH	
		Suite 300	
			□ Remove
		Naples, FL 34102	
			☐ Change
AMBR	QSR Group Holdings, LLC	848 IST AVENUE NORTH	
			🛱 Add
		5 : 200	
		Suite 300	□ Remove
		Naples FL 34102	
			Change
			Add
,			
			□ Remove
			Change
			□ Remove
			Change
			Remove
			Change
			□ Remove
			□ Change

		
	 	
<u> </u>		
	be specific and cannot be prior to date ock does not meet the applicable sta	(optional) of filing or more than 90 days after filing.) Pursuant to 605.0 atutory filing requirements, this date will not be listed
ne record specifies a delayed The 90th day after the reco		effective time, at 12:01 a.m. on the earlier
Dated May 21st	2019	
	[1][[]]	
	Signature of a member of authorized re	epresentative of a member
Kanoni Acliar		
Kousay Askar	Typed or printed name	c of signee

Page 3 of 3

Filing Fee: \$25.00