

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**L20000285129**

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H22000165914 3)))



H220001659143ABC/

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.  
Account Number : 110432003053  
Phone : (561)694-8107  
Fax Number : (561)214-8442

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

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
BF WELLINGTON, LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 05      |
| Estimated Charge      | \$25.00 |

2022 MAY -9 AM 11:03

2022 MAY -9 PM 3:29

APPROVED  
AND  
FILED

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

BF Wellington, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 09/11/2020 and assigned  
Florida document number L20000285129.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited 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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

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 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**

APPROVED  
AND  
FILED  
2022 MAY - 9 PM 3:29  
CLERK OF CIRCUIT COURT  
JACKSONVILLE, FLORIDA

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>                        | <u>Address</u>                       | <u>Type of Action</u>                      |
|---------------------------|------------------------------------|--------------------------------------|--|
| MGR                       | BurgerFi Restaurant Management LLC | 200 West Cypress Creek Rd, Suite 220 | <input checked="" type="checkbox"/> Add    |
|                           |                                    | Ft. Lauderdale, FL 33309             | <input type="checkbox"/> Remove            |
|                           |                                    |                                      | <input type="checkbox"/> Change            |
| MGR                       | BurgerFi International, LLC        | 200 West Cypress Creek Rd, Suite 220 | <input type="checkbox"/> Add               |
|                           |                                    | Ft. Lauderdale, FL 33309             | <input checked="" type="checkbox"/> Remove |
|                           |                                    |                                      | <input type="checkbox"/> Change            |
| Authorized Representative | Baines, Ian                        | 200 West Cypress Creek Rd, Suite 220 | <input type="checkbox"/> Add               |
|                           |                                    | Ft. Lauderdale, FL 33309             | <input checked="" type="checkbox"/> Remove |
|                           |                                    |                                      | <input type="checkbox"/> Change            |
| Authorized Representative | Renna, Patrick                     | 200 West Cypress Creek Rd, Suite 220 | <input type="checkbox"/> Add               |
|                           |                                    | Ft. Lauderdale, FL 33309             | <input checked="" type="checkbox"/> Remove |
|                           |                                    |                                      | <input type="checkbox"/> Change            |
| Authorized Representative | Schnopp, Stefan                    | 200 West Cypress Creek Rd, Suite 220 | <input type="checkbox"/> Add               |
|                           |                                    | Ft. Lauderdale, FL 33309             | <input checked="" type="checkbox"/> Remove |
|                           |                                    |                                      | <input type="checkbox"/> Change            |
| Authorized Representative | Rabinovitch, Michael               | 200 West Cypress Creek Rd, Suite 220 | <input type="checkbox"/> Add               |
|                           |                                    | Ft. Lauderdale, FL 33309             | <input checked="" type="checkbox"/> Remove |
|                           |                                    |                                      | <input type="checkbox"/> 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>       | <u>Address</u>                       | <u>Type of Action</u>                      |
|---------------------------|-------------------|--------------------------------------|--|
| Authorized Representative | Zavolta, Michelle | 200 West Cypress Creek Rd, Suite 220 | <input type="checkbox"/> Add               |
|                           |                   | Ft. Lauderdale, FL 33309             | <input checked="" type="checkbox"/> Remove |
|                           |                   |                                      | <input type="checkbox"/> Change            |
| Authorized Representative | Biskin, Ron       | 200 West Cypress Creek Rd, Suite 220 | <input type="checkbox"/> Add               |
|                           |                   | Ft. Lauderdale, FL 33309             | <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            |
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|                           |                   |                                      | <input type="checkbox"/> Remove            |
|                           |                   |                                      | <input type="checkbox"/> Change            |

[illegible]

**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.

**Filing Fee: \$25.00**