NC5000010484				
(Requestor's Name) (Address) (Address)	000358119420			
(City/State/Zip/Phone #)	01/14/2101019002 ★★35.00			
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COVER LETTER

TO: Amendment Section Division of Corporations

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Burger King McLamore Finance F	oundation, Inc.		_
N005000010484			_
The enclosed Articles of Amendment and fee are submitted	for filing.		
Please return all correspondence concerning this matter to th	e following:		
Shar	ralea Andrade		
(Name	e of Contact Person)		_
Burger King	McLamore Foundation, Inc.		
(F	firm/ Company)	<u>c t</u>	
5707 Blue Lagoon Drive		JA N	
	(Address)	-	े⊴ट्
Mian	ni, FL 33126		
(City/	State and Zip Code)	F	
SAnc	drade@rbi.com	()	άr.
E-mail address: (to be used for fu	ture annual report notification)		-
For further information concerning this matter, please call:			
SAndrade@rbi.com	305 378-7095 at		
(Name of Contact Person)	(Area Code) (Daytime Telephone N	umber)	-
Enclosed is a check for the following amount made payable t	to the Florida Department of State:		
(Add	.75 Filing Fee &\$52.50 Filing Fee.ified CopyCertificate of Statusditional copy isCertified Copylosed)(Additional Copy is Enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

Articles of Amendment to Articles of Incorporation of

Burger King McLamore Foundation, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

N05000010484

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

Burger King Foundation Inc.		The new
name must be distinguishable and contain the word "corporat "Company" or "Co." may not be used in the name.	ion" or "incorporate	ed" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	N/A	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		
C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	N/A	· · · · · · · · · · · · · · · · · · ·
D. If amending the registered agent and/or registered offic	e address in Florid	enter the name of the
new registered agent and/or the new registered office a		<u>, chier the data of the</u>
Name of New Registered Agent: N/A		
New Registered Office Address:	()	Florida street address)
		Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered.	Agent:	
I hereby accept the appointment as registered agent. I am fan		t the obligations of the position.

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added: N/A

(Attach additional sheets, if necessary)

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Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: <u>X</u> Change <u>X</u> Remove <u>X</u> Add	\underline{V} <u>Mik</u>	<u>n Doc</u> :e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Address</u>
1) Change Add			
Remove			
2) Change Add	·		
3) Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			<u> </u>
E. If amending or add (attach additional sh		Articles, enter change(s) here: v). (Be specific)	

N/A

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· · · · · · · · · · · · · · · · · · ·			<u> </u>
The date of each smand			14 - 1 - 1 - 1
The date of each amendment(s) adoption:	· · · · · · · · · · · · · · · · · · ·		, it other than the
date this document was signed.			
Effective date if applicable:			
Effective date if applicable:	than 90 days after amendm	ent file date)	
(at mine i	and a subscription the second se	with providences	

<u>Note:</u> 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.

Adoption of Amendment(s)

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(CHECK ONE)

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

1/8/21 Dated Signature (By the chairman or vice chairman of the board, president or other officer-if directors

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have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Robin Schafer

(Typed or printed name of person signing)

Secretary

(Title of person signing)