## Florida Department of State Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

n: LINDA A. SCARCELLI Account Name : CNL FINANCIAL G

Account Number : 113615003626

: CNL FINANCIAL GROUP, INC.

Account Number

115015005020

THOILE

: (407)650-1000

Fax Number

: (407)540-2699

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LP/LLLP

ENDMENT/RESTATEMENT/CORRECTION

CNL CALIFORNIA RESTAURANTS, LTD.

Certificate of Status	1
Certified Copy	1
Page Count	03
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EXAMINER

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Division of Corporations

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Estima	ited Charge	\$113.75	
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Electronic Filing Menu	Corporate Filip	ig Menu	Help

## CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF



CNL Californi	a Restaurants, Ltd.	~~
Insert name currently on file	with Florida Department of State	
Pursuant to the provisions of section 620.1202, Floimited liability limited partnership, whose certific January 6, 1997, assigned Floradopts the following certificate of amendment to it	ate was filed with the Florida ida document number	Department of State on A97000000046
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the line	nited partnership or limited lis	ability limited partnership
CAL Rest	aurants, Ltd.	
	ble and contain an acceptable suffix	<u> </u>
Acceptable Limited Partnership suffixes: Limited Partnershi	•	
Acceptable Limited Liability Limited Partnership suffixes: Li		o, L.L.L.P. or LLLP.
B. If amending mailing address and/or principal office address here:	al office address, <u>enter new</u>	mailing address and/or
New Principal Office Address:		
(Must be STREET address)		
New Mailing Address: (May be post office box)		
C. If amending the registered agent and/or register new registered agent and/or the new registered office		ds, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	77	
	Enter Florida street add	ress
	, Florida	a
<del></del>	Cin	Zin 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 h
am familiar with and accept the obligations of my position as registered agent.

D. If amending the general partner(s), enter the name and business address of each general partner being added or removed from our records:

If Changing Registered Agent, Signature of New Registered Agent

<u>Title</u>	Name	Address	Type of Action
·			Add Remove
			AGE NO T
			SSS & F
			Remove X 56  Add 6
			_ Remove - _ Add
			Remove

E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:

Į	This Limited Partnership hereby elects to be a "Limited Liability Limited Partnership."

This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

(NOTE: If adding or removing" limited liability limited partnership" status, all general partners must sign this amendment.)

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Effective date, if other than the da					13.	
(Effective date cannot be prior to nor mo State.)	ore than 90 days q	fter the d	ate this document	is filed by the .	Florida Dep	artment of
Signature(s) of a general partne	er or all genera	l partn	ers*:			
(*NOTE: Only one current general part removing a "limited liability limited part when adding or removing a "limited liab	tnership" election	statement	Chapter 620, F.S. cction statement.)  Restaurants  General Par	S., requires all	general part c., as S Scare	ners to sig
					· · · · · · · · · · · · · · · · · · ·	
Signature(s) of all new or dissoc	iating general	partne	r(s), if any:			
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