Division of Corporations

## Sorida Department of State Division of Consoration Electronic Piling Cover Shart

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| To:          |                                       |  | SEURETARY                             |
|--------------|---------------------------------------|--|---------------------------------------|
| 10:          | Division of Con                       | rnorations                                       | · · · · · · · · · · · · · · · · · · · |
|              | Fax Number                            |  | SS카 투                                 |
|              | rax number                            | . (050/01/-0505                                  |                                       |
| 7            |                                       |  | T, P =                                |
| From:        | Account Name                          | : CORPORATE CREATIONS                            | INTERNATIONAL INC                     |
|              |                                       |  |                                       |
|              |                                       | : 110432003053                                   | 등학 원                                  |
|              | Phone                                 | : (561)694-8107                                  | 3-                                    |
|              | Fax Number                            | : (561)694-1639                                  |                                       |
| ater the ema | il address for t<br>port mailings. Er | his business entity to<br>ter only one email add | be used for futur<br>reas please.**   |

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MND/RESTATE/CORRECT OR M/MG RESIGN TIJUANA FLATS #229, LLC

| Certificate of Status | 0       |
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| Certified Copy        | 0       |
| Page Count            | 04      |
| Estimated Charge      | \$25.00 |

SEP 15 2015 J. HARRIS

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Corporate Filing Menu

Help

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| TUUANA FLATS #229, LLC  |   |                          |
|---|---|--------------------------|
| (Name of the Limited Liabili<br>(A Florida  | ty Company as it now appears on our records.)  a Limited Liability Company) |                          |
| The Articles of Organization for this Limited Liability C<br>Florida document number L15000100837 | Company were filed on 06/09/2015  | and assigned             |
| This amendment is submitted to amend the following:   |   |                          |
| A. If amending name, enter the new name of the limit  | ited liability company here:  |                          |
| The new name must be distinguishable and contain the words "Lim                                   | nited Liability Company," the designation "LLC" or t                        | he abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:   |   | Tes 2                    |
| (Principal office address MUST BE A STREET ADDR   | (ESS)   | S S                      |
|   |   | - 3555 <del>-</del> F    |
| Enter new mailing address, if applicable:   |   |                          |
| (Mailing address MAY BE A POST OFFICE BOX)  |   | 0; <b>0</b> ; <b>0</b> ; |
|   |   | <u> </u>                 |
| B. If amending the registered agent and/or registered agent and/or the new registered office add  |   | ter the name of the nev  |
| Name of New Registered Agent:   |   |                          |
| New Registered Office Address:  | Enter Piorida street address  |                          |
|   |   |                          |
|   |   | Zip Code                 |
| New Registered Agent's Signature, if changing Registered  | d Agent;  |                          |

THE RESIDENCE MEETING AND ADDRESS OF THE PROPERTY OF THE PROPE

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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| Title     | Name                           | <u>Address</u>                   | Type of Action |
|-----------|--------------------------------|----------------------------------|----------------|
| Manager   | TJF MANAGEMBNT COMPANY, ELC    | 9439 FOREST CITY ROAD SUITE 1000 | □ Add          |
|           |                                | ALTAMONTE SPRINGS, FL 32714      | Remove         |
| •         |                                |                                  | ☐ Change       |
| Manager . | Tijuana Flats Restaurants, LLC | 9439 FOREST CITY ROAD SUITE 1000 | Add            |
|           |                                | ALTAMONTE SPRINGS, FL 32714      | □ Remove       |
|           |                                |                                  | D Chango       |
|           |                                |                                  | D Add          |
| ·         |                                |                                  | □ Remove       |
|           |                                |                                  |                |
|           |                                |                                  | Add SC         |
|           |                                |                                  |                |
|           |                                |                                  | Changes (***   |
|           |                                |                                  | □ Remove       |
|           | •                              |                                  | Cl Change      |
|           |                                |                                  | Add            |
|           |                                |                                  | Remove         |
|           |                                |                                  | □ Chance       |

| . If amending any other information, enter change(s) here: (Attach additional sheets, if neces  | essary.)                              |
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| ·   |                                       |
| Effective date, if other than the date of filing:  (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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.  the record specifies a delayed effective date, but not an effective time, at 12:01 at 12:01 days after the record is filed. | 2 diffe with tion on times as one     |
| Dated September 14th  | 2015 SEI<br>SEUNE<br>TALLAH           |
| Signature of a member or authorized representative of a member  | රා <u>දී</u> – p-c                    |
| Jessica Morales, Attorney in Fact   | 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 |
| Typed or printed name of signee   | 8:58<br>- SPAIL<br>- CORIDA           |
| Page 3 of 3   | <u></u>                               |

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