

Florida Department of State
Division of Corporations
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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)694-1639

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
TIJUANA FLATS #120, LLC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
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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 | TIJUANA FLATS RESTAURANTS, LLC | 9439 FOREST CITY RD SUITE 1000 | <input checked="" type="checkbox"/> Add |
| | | ALTAMONTE SPRINGS, FL 32714 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | TJF MANAGEMENT COMPANY, LLC | 9439 FOREST CITY RD SUITE 1000 | <input type="checkbox"/> Add |
| | | ALTAMONTE SPRINGS, FL 32714 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(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 filing.) Pursuant to 605.0207 (3)(b)

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(b) The 90th day after the record is filed.

Dated August 28th

2015

Taylor Dyer
Signature of a member of authorized

Signature of a member or authorized representative of a member

Taylor Page, Attorney-in-fact

Typed or printed name of signee

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STATE OF FLORIDA
JULIA HOSSEIN