## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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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.\*\*

Rmeil	Address			
T-141 F-14		 		

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TIJUANA FLATS #140, LLC

 Certificate of Status
 0

 Certified Copy
 0

 Page Count
 04

 Estimated Charge
 \$25.00

I of 2

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

2015 AUG 28 AH 9: 26 SEGRETARS OF STATE FALLAHASSEE, PLORIDA

Tijuana Flats #140, LLC		<u>-</u>
(Name of the Limited Liabil) (A Florid	ity Company as it now appears on our real Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability (	Company were filed on 02/15/2008	and assigned
Florida document number L08000016734	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	alted liability company here:	
The new name must be distinguishable and contain the words "Lin	nited 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 ADD.	RESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our red iress here:	cords, <u>enter the name of the nev</u>
Name of New Registered Agent.		
New Registered Office Address:		
	Enter Florida street a	nddress
		, 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

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>	Name	Address	Type of Action
MOR	TIJUANA FLATS RESTAURANTS, LLC	9439 FOREST CITY RD SUITE 1000	Add
		ALTAMONTE SPRINGS, FL 32714	□ Remove
			☐ Change
MGR	TIF MANAGEMENT COMPANY, LLC	9439 FOREST CITY RD SUITE 1000	🗖 Add
		ALTAMONTE SPRINGS, FL 32714	■ Remove
			□ Change
			D Add
			□ Remove
			Change
			DAdd
			□ Remove
			Change
			□ Add
			Remove
			Change
			Add
			□ Remove
			☐ Change

D. If amending any other information, ente	er change(s) here: (Attach additional sheets, if necessary.)	
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E. Effective date, if other than the date of fi (If an effective date is listed, the date must be specific Note: If the date inserted in this block does n document's effective date on the Department	e and cannot be prior to date of filing or more than 90 days after filing.) Pursue not meet the applicable statutory filing requirements, this date will no	ant to 605.0207 (3)(b)
If the record specifies a delayed effective (b) The 90th day after the record is file	ve date, but not an effective time, at 12:01 a.m. on the led.	a earlier of:
Dated August 28	2015	
Sighagure		
Lauren Vadney, Attorney-in-Fact	Typed or printed name of signee	

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Filing Fee: \$25.00