Division of Corporati

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## 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:

: CORPORATE CREATIONS INTERNATIONAL INC. Account Name

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:	
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TIJUANA FLATS #151, LLC

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

AUG 3 1 2015

J SHIVERS

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	50 00 00 00 00 00 00 00 00 00 00 00 00 0
Enter new mailing address, if applicable:	1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(Mailing address MAY BE A POST OFFICE BOX)	
TOTAL DESIGNATION OF THE PARTY	\$
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B. If amending the registered agent and/or registered office add	ress on our records, enter the name of the n
	ress on our records, enter the name of the n
registered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	ERIEF FIOTIDE STREET DEUTCSS
	. Florida

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

PAGE 03/20

08/28/2015 14:02 5616941639
It 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>	Address	Type of Action
MGR	TIJUANA FLATS RESTAURANTS, LLC	9439 FOREST CITY ROAD STE 1000	,
		ALTAMONTE SPRINGS, FL 32714	
			□ Remove
			Change
MGR	TJF MANAGEMENT COMPANY, LLC	9439 FOREST CITY ROAD STE 1000 ALTAMONTE SPRINGS, FL 32714	
		ALIAWONI E STAINGS CLS2/14	0 Au
			■ Remove
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Typed or printed name of signes

Taylor Page, Attorney-in-fact

Filing Fee: \$25.00