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 : (561)694-8107 Phone

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 TLIUANA FLATS #153 LLC

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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	City	Zip Code
	Enter Florida str	eet aaaress . Florida
New Registered Office Address:	Edw Fl. U.	and address
Name of New Registered Agent:		
3. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our ce address here:	records, enter the name of the ne
		700 00 m
<u>Mailing address MAY BE A POST OFFICE BO</u>	<u> </u>	
Enter new mailing address, if applicable:		ं र क
Principal office address MUST BE A STREET.	ADDRESS)	
Enter new principal offices address, if applicab		
he new name must be distinguishable and contain the word	ds "Limited Liability Company." the designa	tion "LLC" or the abbreviation "L.L.C."
L. If amending name, enter the new name of the	he limited liability company here:	
This amendment is submitted to amend the follow	ring:	
Florida document number L09000120514	·	
The Articles of Organization for this Limited Liab	oility Company were filed on 12/18/20	009 and assigned
(A	. Florida Limited Liability Company)	
(Name of the Limited	Liability Company as it now appears on o Florida Limited Liability Company)	ur records,)

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>	<u>Name</u>	Address	Type of Action
MGR	TIJUANA FLATS RESTAURANTS, LLC	9439 FOREST CITY ROAD STE 1000	
	-	ALTAMONTE SPRINGS, FL 32714	B Add
			□ Remove
			☐ Change
MGR	TJF MANAGEMENT COMPANY, LLC	9439 FOREST CITY ROAD STE 1000 ALTAMONTE SPRINGS, FL 32714	□ Add
			■ Remove
			☐ Change
			
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			Change [7]
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ffective date, if other to an effective date is listed, the	date must be specific	and cannot be prior t	o date of filing or π	ore than 90 days aft	tional) : () er filing.) Pursuant to 605.0	0207
Note: If the date inserted locument's effective date	in this block does no	ot meet the applica	ble statutory filin	g requirements, th	nis date will not be listed	d'as i
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e record specifies a	delayed effectiv	e date, but not	an effective t	ime, at 12 :01	a.m. on the earlie	
The 90th day after t	the record is file	èd.				
Aumor 19th		2015			-	
, , mugust zotti		-;	_ '			
Dated August 28th		. \				
Dated August 25th	General Signature o	Dan	rized representative			

Page 3 of 3

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