

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000208377 3)))



H150002083773ABC0

		RELOAD button on your lighter generate another cover she	_ '	6107
To:	Division of Cor	porations : (850)617-6383	AHASSEE J	AUG ZO A
From:	Account Name Account Number Phone Fax Number	: CORPORATE CREATIONS : 110432003053 : (561)694-8107 : (561)694-1639	INTERNATIONAL INC	42 in

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 TLJUANA FLATS #154, LLC

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

RECEIVED ALCON THE CAR AND A PARTY AND A P

HARRIS

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

New Registered Office Address:	
Name of New Registered Agent:	
B. If amending the registered agent and/or registered office address on our registered agent and/or the new registered office address here:	records, enter the name of the n
(Mailing address MAY BE A POST OFFICE BOX)	<u>5 - 25</u>
Enter new mailing address, if applicable:	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>
Enter new principal offices address, if applicable:	20 15 A
The new name must be distinguishable and contain the words "Limited Liability Company," the designate	
A. If amending name, enter the new name of the limited liability company here:	
This amendment is submitted to amend the following:	
Florida document number L10000027048	
The Articles of Organization for this Limited Liability Company were filed on 03/10/20	10 and assigned
(Name of the Limited Liability Company as it now appears on ou (A Florida Limited Liability Company)	

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

08/28/2015 13:57

5612968430

PAGE 11/20

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
MCD	TIJUANA FLATS RESTAURANTS, LLC	9439 FOREST CITY ROAD STE 1000	
MGR	TIBUANAT DATA RESTAURANTS, CEO	ALTAMONTE SPRINGS, FL 32714	
			□ Remove
			Change
MGR	TJF MANAGEMENT COMPANY, LLC	9439 FOREST CITY ROAD STE 1000 ALTAMONTE SPRINGS, FL 32714	□ Add
_ 			
			■ Remove
			☐ Change
			☐ Remove
			Change
			□ Remove
			Al Change
			Ghange Change Ch
			STO AND
			☐ U Remove """
			Some Change
			u Change
			Pemove
			∏ Chenge

•	tion, enter change(s) here: (Attach addition	, a. 5.155.0, y , 155.55.0 y ,
-		

· · · · · · · · · · · · · · · · · · ·		
Effective date, if other than the (If an effective date is listed, the date must Note: If the date inserted in this bi document's effective date on the D	date of filing: the specific and cannot be prior to date of filing or moock does not meet the applicable statutory filing epartment of State's records.	(optional) ore than 90 days after filing.) Pursuant to 605,0207 (grequirements, this date will not be listed as t
he record specifies a delayed The 90th day after the rec	d effective date, but not an effective ti ord is filed.	me, at 12:01 a.m. on the earlier of:
Dated August 28th	2015	2015 IALL
		;
	ay Man	
	Signature of a member or authorized representative	of a member SS & C
Taylor Page, Attorney-		of a member ∞

Page 3 of 3

Filing Fee: \$25.00