

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

Promi

Account Name

: CORPORATE CREATIONS INTERNATIONAL INC

Account Number : 110432003053

: (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.\*\*

Emall.	Addressi						

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN** TLIUANA FLATS #161. LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00
7	

8/28/15, 2:15 PM

08/28/2015 14:31

5612968430

ARTICLES OF AMENDMENT

TO
ARTICLES OF ORGANIZATION
OF

2015 AUG 28 AM 8: 49
SECKETARY OF STATE
TALLAHASSEEL FLORIDA

TUUANA FLATS #161, LLC	
(Name of the Limited Liabil	liv Company as it now appears on our records.) da Limited Liability Company)
The Articles of Organization for this Limited Liability ( Florida document number L11000010011	Company were filed on 01/24/2011 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	nited 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)	
	istered office address on our records, enter the name of the new
registered agent and/or the new registered office add	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, 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

08/28/2015 14:31

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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>	Address 9439 FOREST CITY ROAD	Type of Action
MGR	TIJUANA FLATS RESTAURANTS, LLC	STE 1000 ALTAMONTE SPRINGS, FL 32714	<b>=</b> Add
			□ Remove
			Change
MGR	TJF MANAGEMENT COMPANY, LLC	9439 FOREST CITY ROAD STE 1000 ALTAMONTE SPRINGS, FL 32714	
			■ Remove
			Change
<del></del>			□ Add
			🗆 Remove
			Change
·····			D Add
			□ Remove
			Change
			□ Remove
			☐ Change
			🗖 Add
	-		Remove
			□ Change

amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
ANG 28 AM 8: 4
28 AH 8: 4
28 AH 8: 4
Tective date, if other than the date of filing:(optional) 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 605.02
ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
ocument's effective date on the Department of State's records.
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier. The 90th day after the record is filed.
August 28th 2015
ated August Zolli
- 10417 11 ) con
Signsture of a member or authorized representative of a member
0
Taylor Page, Attorney-in-fact

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Filing Fee: \$25.00