## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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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. \*\*

Email	Address:			

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TLJUANA FLATS #164, LLC

Certificate of Status	0	2015
Certified Copy	0	<b>元</b> 5
Page Count	04	5
Estimated Charge	\$25.00	28 VAY SSE
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TIJUANA FLATS #164, LLC		
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our nited Liability Company)	records.)
The Articles of Organization for this Limited Liability Comp.  Florida document number L11000023519	pany were filed on 02/24/2011	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u> </u>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address  Name of New Registered Agent:	ed office address on our r s here:	ecords, <u>enter the name of the nev</u>
New Registered Office Address:		
The state of the s	Enter Florida stroe	address
		, Florida
N Paristand American Commencer to the contract Production of American	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent and bereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compacted the obligations of my position as registered agent being filed to merely reflect a change in the registered of	l agree to act in this capacit plete performance of my dut t as provided for in Chapter	ies, and I am familiar with and 605, F.S. Or of this document is
company has been notified in writing of this change.		116 28 FT
Īſ	Changing Registered Agent, Sign	inture of New Registered Agent

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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

Title	<u>Name</u>	Address	Type of Action
MGR	TIJUANA FLATS RESTAURANTS, LLC	9439 FOREST CITY ROAD STE 1000 ALTAMONTE SPRINGS, FL 32714	Add
			Remove
			Change
MGR	TJF MANAGEMENT COMPANY, LLC	9439 FOREST CITY ROAD STE 1000 ALTAMONTE SPRINGS, FL 32714	□ Add
			Remove
			Change
<del></del>			Add
			☐ Remove
			Change
			DAdd
			☐ Remove
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			D Add
			☐ Remove
			Change Change 28 D Add
		.,	© > p==q
			Remove
			Change

if amending any other information, enter change(s) here: (Attach additional sheets	s, if necesse	ary.)	
		<u> </u>	
			<del></del>
	•		<del></del>
Coffeething date if when they they they date of filtren	(+ <del>-</del>	- IN	
Offective date, if other than the date of filing:  fan effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 d	(optiona days after filit	at <i>)</i> ng.) Pursua	nt to 605.0201
Note: If the date inserted in this block does not meet the applicable statutory filing requireme	ents, this da	ate will not	t be listed as
document's effective date on the Department of State's records.			
e record specifies a delayed effective date, but not an effective time, at 1. The 90th day after the record is filed.	.2:01 a.m	n. on the	e earlier o
The sour day after the record is filed.			
August 28th 2015			
Dated			
		53	
Signature of a member or authorized representative of a member	2	<u> 28 -</u>	
Signature of a memory of authorized representative of a memory	7 * (7)	AUG	
Taylor Page, Attorney-in-fact			CALTERINA CALTER
Typed or printed name of signes	rn-K	$\frac{\omega}{\omega}$	0.±å±±3
	7 9	$\triangleright$	
Page 3 of 3	FLOR		

Filing Fee: \$25.00