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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:

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 small address please.

Rmail	Address	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TIJUANA FLATS #159, LLC

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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	City	, Florida Zip Code
	Enier Florida street ad	
New Registered Office Address:		
Name of New Registered Agent:		
LEARNELER REGIL RUMOL DIG HEM LES MISLER OFFICE RUGI	ress nere.	
B. If amending the registered agent and/or registered agent and/or the new registered office adds		ords, enter the name of the ne
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		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
Enter new mailing address, if applicable:	·	
<u>Princinal office address MUST BE A STREET ADDR</u>	ESS)	<u> </u>
Enter new principal offices address, if applicable:		
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "I	LLC" or the abbreviation "L.L.C."
s. It amending name, enjer the new name of the finite	ten havinty tompany here.	
A. If amending name, <u>enter the new pame of the limi</u>	tod lichility company here:	
This amendment is submitted to amend the following:		
Plorida document number L11000047981	-	
The Articles of Organization for this Limited Liability Co	and assigned	
(A Florida	Limited Liability Company)	-
(Name of the Limited Linbilit	y Company as it now appears on our rec Limited Liability Company)	(ords.)

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

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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>	Name	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	
			Remove
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			DAdd
			□ Remove
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			Change
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f amending any other information, enter change(s) here: ((Attach additional sheets, if necessary.)		
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fan offective date is listed, the date must be specific and cannot be prior to o	date of filing or more than 90 days after filing.) Pursua	nt to 605	.0207
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an record englishes a deleved effective date. but set a		بئاسمم	
le record specifies a delayed effective date, but not a The 90th day after the record is filed.	in errective time, at 12:01 a.m. on the	: darne	#F DI
Dated August 28th 2015			
Jated,	•		
10.00.10.	۔۔		
Signature of a member or outhoriz	ed representative of a member		
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Taylor Page, Attorney-in-fact			
Typed or printed n	ame of signee		

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Filing Fee: \$25.00