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720H Division of Correlations

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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:

Addount Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 : (561)694-8107 Phone

: (561)694-1639 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TLIUANA FLATS #171 LLC

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"ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	City			p Code	
	Enler I	ionda sircei address Flor	ida		
New Registered Office Address:	77a. F	lorida straet address			
Name of New Registered Agent:	•				
registered agent and/or the new registered office a	garess nere:		•		
B. If amending the registered agent and/or re		on our records,	enter the		of the ne
			(3) S	7:5	•
			1,, 52	Ī	777
(Mailing address MAY BE A POST OFFICE BOX)			333	<u>ख</u>	,
Enter new mailing address, if applicable:			3.3	US 2	***
			26.7	7.00	
X TRACEPUR OFFICE GRAPTESS TO CORP DE 15 DE ENCES X 122.				- 	
(Principal office address MUST BE A STREET AD	DRESS)		*****		
Enter new principal offices address, if applicable:			_		
The new name must be distinguishable and contain the words "I	Limited Liability Company," the	designation "LLC" o	r the abbrevia	tion 'L	L.C."
A. If amending name, enter the new name of the li	imited Uability company	<u>here</u> :			
This amendment is submitted to amend the following.	:				
Florida document number L12000072086	 ·				
The Articles of Organization for this Limited Liability	y Company were filed on _	00/01/2012		ind ass	igned
(Name of the Limited Lia (A Flo)	bility Company as it now appered Limited Liability Company	ars on our records.)			
TIJUANA FLATS #171 LLC					

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

PAGE 15/20

08/28/2015 14:28 5612968430
It 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	a Add
			Remove
			Change
MGR	TJF MANAGEMENT COMPANY, LLC	9439 FOREST CITY ROAD STE 1000 ALTAMONTE SPRINGS, FL 32714	
			Remove
			☐ Change
			Add
			☐ Remove
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			Change

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nending any other information, enter change(s) here: (Attach additional sheets,	if necessary.)	
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Page 3 of 3

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