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

Address:				
	Address:	Address:	Address:	Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TIJUANA FLATS #176 LLC

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

AUG 3 1 2015

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TIJUANA FLATS #176 LLC		=11.1	<u></u>
(Name of the Limited Lia) (A Flo	pility Company as it now appears and Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability	Company were filed on 07/1:	5/2012	and assigned
Florida document number L12000090033			
This amendment is submitted to amend the following	:		
A. If amending name, enter the new name of the !	imited liability company here	₽:	
The new name must be distinguishable and contain the words "l	Limited Liability Company," the des	ignation "LLC" or the abb	cviation "L.L.C."
Enter new principal offices address, if applicable:	■ 01 15 M1		
(Principal office address MUST BE A STREET AD	DRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
registered agent and/or the new registered office a Name of New Registered Agent:	agress nere:		
New Registered Office Address:			
Alon Academica of the America	Enter Florid	a street address	· · · · · · · · · · · · · · · · · · ·
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registr	··· ·		
I hereby accept the appointment as registered age provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this change.	d complete performance of m I agent as provided for in Ch ered office address, I hereby	y duties, and I am fa apter 605, F.S. Or, ij	miliar with and Tthis document is
	If Changing Registered Ager		
	Page 1 of 3		

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	TUUANA FLATS RESTAURANTS, LLC	9439 FOREST CITY RD SUITE 1000	■ Add
		ALTAMONTE SPRINGS, FL 32714	□ Remove
			☐ Change
MGR	TJF MANAGEMENT COMPANY, LLC	9439 FOREST CITY RD SUITE 1000	
	<u> </u>	ALTAMONTE SPRINGS, FL 32714	■ Remove
			☐ Change
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			Remove
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			Add Remove Change
			OSD Change

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