Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6383

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Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

TLIUANA FLATS #186 LLC

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

08/28/2015 14:05 5616941639

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TIJUANA FLATS #186 LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears Jability Company)	on our records.)
The Articles of Organization for this Limited Liability Company Florida document number L12000099188	were filed on 08/0	1/2012 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	lity company her	<u>e</u> :
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the de	ignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent:		our records, enter the name of the new
New Registered Office Address:		
New Registered Office Address.	Enter Florid	la street address
		Florida
	City	, Florida
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change. If Change	performance of n provided for in Ch address, I hereby	ty duties, and I am familiar with and apter 605, F.S. Or, if this document is
	• • •	

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is 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
			□ Remove
			Change
			D Add
			□ Remove
			Change
			Remove
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			Remove
		· · · · · · · · · · · · · · · · · · ·	Change

, 11 410600	description and the management of the contract		
	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
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Effective	date if other than the date of filing: (ontional)		
Effective	date, if other than the date of filing:	ursuant to 605.02	207 (.
Note: If	date, if other than the date of filing: (optional) ve date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Put date inserted in this block does not meet the applicable statutory filing requirements, this date will seffective date on the Department of State's records.	ursuant to 605.02	207 (. as ti
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