9/14/2015

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

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From

Account Name : CORPORATE CREATIONS INTERNATIONAL INCT

Account Number: 110432003053

: (561)694-8107

Phone

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. **

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TIJUANA FLATS #219, LLC

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

Electronic Filing Menu

Corporate Filing Menu

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2015 SEP 14 AN 7: 48

LEGGETARY OF STATE
TALL AMASSEE, FLORIDA

Tijuana Flats #219, LLC	_	
(Name of the Limited Li	ability Company as it now appears on our records.) orids Limited Liability Company)	
The Articles of Organization for this Limited Liabili	ity Company were filed on 04/22/2014	and assigned
Florida document number L14000064495	·	
This amendment is submitted to amend the following	g	
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 "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable		
Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	Q	
B. If amending the registered agent and/or registered agent and/or the new registered office		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	
	City	Zip Code

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

09/14/2015 14:39 5616941639

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
Manager	TIF MANAGEMENT COMPANY, LLC	9439 FOREST CITY ROAD SUITE 1000	Add
		ALTAMONTE SPRINGS, PL 32714	■ Remove
			Change
Manager	Tijuana Flats Restaurants, LLC	9439 FOREST CITY ROAD SUITE 1000	Add
		ALTAMONTE SPRINGS, FL 32714	□ Remove
			C Change
			🗖 Remove
٠			Chauge
			□ Remove
			Change
			☐ Remove
		# # * * * * * * * * * * * * * * * * * *	Change
			🗅 Add
			Remove
			Change

 If amending any other information, ent 	er change(s) here: (Attach additional she	vets, if necessary.)
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		215
		> 0
		93
		# ************************************
Effective date, if other than the date of (If an effective date is listed, the date must be specified. If the date inserted in this block does document's effective date on the Department.	not meet the applicable statutory filing require	(optional) 90 days after filing.) Pursuant to 605.0207 (3)(b) ements, this date will not be ligted as the
) The 90th day after the record is fi	ve date, but not an effective time, a led.	t 12:01 a.m. on the earlier of:
Dated September 14th	, 2015	
Signature	of a member or authorized representative of a men	nber
Jessica Morales, Attorney in Pac	i.	

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Filing Fee: \$25.00