08/28/2015 Division of Corporations



Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000208313 3)))



H150002083133ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC

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. **

ewsil.	Address:			
	AUUTUBBI			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TIJUANA FLATS #198, LLC

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

of 2

08/28/2015 14:04

133

5612968430

FILE BAGE 14/28

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2015 AUG 28 AM 9: 09 SECRETARY OF STATE LALLAHASSEE, FLORIDA

TIJUANA FLATS #198, LLC		
(Name of the Limited Lin (A Flor	bility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 05/01/2014	and assigned
Florida document number L14000068546	·	
This amendment is submitted to amend the following:		•
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "I	imited Liability Company," the designation "LLC" of	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD)	DRESS)	
Enter new mailing address, if applicable:		
<u> Mailing address MAY BE A POST OFFICE BOX)</u>		
B. If amending the registered agent and/or registered agent and/or the new registered office a		enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
_	, Flori	daZip 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

08/28/2015 14:04

5612968430

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	Name	Address	Type of Action
MGR	TIJUANA FLATS RESTAURANTS, LLC	9439 FOREST CITY ROAD STE 1000	
—— <u> </u>		ALTAMONTE SPRINGS, FL 32714	
			Remove
			Change
MGR	TJF MANAGEMENT COMPANY, LLC	9439 FOREST CITY ROAD STE 1000 ALTAMONTE SPRINGS, FL 32714	
			■ Remove
			Change
			□ Add
			Remove
			Change
			D Add
			□ Remove
			Change
			Remove
			Change
			□ Adđ
			□ Remove

Page 3 of 3

Filing Fee: \$25.00