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.

(((H15000221034 3)))



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

Tot

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATION

Account Number : 110432003053

Phone

: (561)694-8107

Fax Number

: (561)694-1639

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

| Email | Address | : | | | | |
|-------|---------|---|--|--|--|--|
|-------|---------|---|--|--|--|--|

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TIJUANA FLATS #235, LLC

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

SEP 1 5 2015

Y SULKER

Electronic Filing Menu

Corporate Filing Menu

Help

13

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| TIJUANA FLATS #235, LLC | | |
|--|---|---------------------------------------|
| (Name of the Limited Liability ((A Florida Li | Company as it now appears on our records.) | |
| The Articles of Organization for this Limited Liability Corr | pany were filed on 04/15/2015 | and assigned |
| Florida document number L15000065703 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited | d liability company here: | |
| The new name must be distinguishable and contain the words "Limited | Liability Company," the designation "LLC" o | r the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRES | SS) | <u> </u> |
| | | ≥ |
| | | -Cartahr |
| T 4 11 15 | | System 1 |
| Enter new mailing address, if applicable: | | m & P |
| Mailing address MAY BE A POST OFFICE BOX) | | 73 |
| | | Si Si |
| | | |
| B. If amending the registered agent and/or register registered agent and/or the new registered office address | | enter the name of the new |
| Name of New Registered Agent: | | · · · · · · · · · · · · · · · · · · · |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | , Flori | |
| | 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

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 |
|--------------|--------------------------------|----------------------------------|-----------------------------------|
| Маладет | TJF MANAGEMENT COMPANY, LLC | 9439 FOREST CITY ROAD SUITE 1000 | |
| | | ALTAMONTE SPRINGS, FL 32714 | Remove |
| | | | Change |
| Manager | Tijuana Flats Restaurents, LLC | 9439 FOREST CITY ROAD SUITE 1000 | ■ Add |
| | | ALTAMONTE SPRINGS, FL 32714 | □ Remove |
| | • | | Change |
| | | | <u> </u> |
| | | | DRemove |
| | | | Champion Champion |
| | | | 9. |
| | | | Cl Remove |
| | | | ☐ Change |
| | | | |
| | | | □ Remove |
| | J | | Change |
| | | | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| | | | Remove |
| | | | D Change |

| If amending any other information, enter change(s) here: (Attach additional sha | eets, if necessary.) |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | - 5 S |
| | SA. |
| | |
| | F _S ; y |
| | F |
| Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than Note: If the date inserted in this block does not meet the applicable statutory filing required document's effective date on the Department of State's records. | (optional) 90 days after filing.) Pursuant to 605.0207 (3 rements, this date will not be listed as th |
| he record specifies a delayed effective date, but not an effective time, a The 90th day after the record is filed. | at 12:01 a.m. on the earlier of: |
| Dated September 14th 2015 | |
| | |
| Signature of a member or authorized representative of a me | mber |
| Jessica Morales, Attorney in Fact | |

Page 3 of 3

Filing Fee: \$25.00