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Florida Department of State Division of Corporations

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

Email	Address:_						
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TIJUANA FLATS #234, LLC

Certificate of Status	0
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Page Count	04
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J SHIVERS

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tijuana Flats #234, LLC			
(Name of the Limited Liability C (A Florida Lir	ompany as it now sopears on mited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Com Florida document number L15000081453	015 and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	Diability company here:		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation	ation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRES	<u>s)</u>	<u> </u>	
		<u> </u>	
Enter new mailing address, if applicable:		MATERIAL NO.	
(Mailing address MAY BE A POST OFFICE BOX)			
		SH 75	
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	ed office address on out <u>s herc</u> :	records, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida si	rest address	
	, Florida		
	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>	<u>Name</u>	Address	Type of Action
MGR	TUUANA FLATS RESTAURANTS, LLC	9439 FOREST CITY RD SUITE 1000	Add
		ALTAMONTE SPRINGS, FL 32714	□ Remove
			Change
MGR	TIF MANAGEMENT COMPANY, LLC	9439 FOREST CITY RD SUITE 1000	
		ALTAMONTE SPRINGS, FL 32714	■ Remove
			Change
			Remove
			Change
			Add
			Remove
			☐ Change
			□ Add
			Remove
			Change
			□ Add
			Remove
			Change

Typed or printed name of signee

Page 3 of 3

Signature of a member of authorized representative of a member

Taylor Page, Attomey-in-fact

Filing Fce: \$25.00