

**C150000 81453**

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.**

((H15000208194 3)))



H150002081943ABC/

**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  
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:** \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
TIJUANA FLATS #234, LLC**

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

RECEIVED

15 AUG 28 PM 3:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 AUG 28 AM 7:59  
TALLAHASSEE, FLORIDA

AUG 31 2015

J SHIVERS



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>	<u>Address</u>	<u>Type of Action</u>
MGR	TJUANA FLATS RESTAURANTS, LLC	9439 FOREST CITY RD SUITE 1000	<input checked="" type="checkbox"/> Add
		ALTAMONTE SPRINGS, FL 32714	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	TJF MANAGEMENT COMPANY, LLC	9439 FOREST CITY RD SUITE 1000	<input type="checkbox"/> Add
		ALTAMONTE SPRINGS, FL 32714	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

15 AUG 28 AM 7:58  
SECRETARY OF STATE  
WASHINGTON, D.C. 20520

15 AUG 28 AM 7:58  
SECRETARY OF STATE  
WASHINGTON, D.C.  
FLENNIA

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee