Division of Corporations

https://drite.sumbiz.org/sor ts/efilcovr.exe

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.

(((H15000208189 3)))



H150002081893ABC1

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 IN

Fax Number

Account Number : 110432003053

1 (561)694-8107 : (561)694-1639

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

Email Address:					
	Cmail	Address:		 	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TLJUANA FLATS #230, LLC

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

l of 2

8/28/15, 12:25 PM

08/28/2015 14:11

5616941639

FILEASE 06/20

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2015 AUG 28 AM 8: 48 SECKETARY OF STATE TALLAHASSEF, FLORIDA

ompany as it now appears on our records,) nited Liability Company)	
pany were filed on 07/06/2015	and assigned
	•
liability company here:	
Liability Company," the designation "LLC" or	r the abbreviation "L.L.C."
<u> </u>	
ed office address on our records, <u>c</u> <u>s here</u> :	enter the name of the n
Enter Florida str ee t address	
	da
	Liability company here: Liability Company," the designation "LLC" or

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

Title	<u>Name</u>	Address	Type of Action
MGR	TIJUANA FLATS RESTAURANTS, LLC	9439 FOREST CITY RD SUITE 1000	= Add
		ALTAMONTE SPRINGS, FL 32714	□ Remove
			D Change
MGR	TIF MANAGEMENT COMPANY, LLC	9439 FOREST CITY RD SUITE 1000	
	-	ALTAMONTE SPRINGS, FL 32714	■ Remove
			Change
			□ Remove
			🗅 Change
			Add
			Remove
			D Change
			🗅 Add
			Remove
			☐ Change
			Add
			Remove
			Change

8/28/2015 14:11 5616941639 If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	PAGE	08/20
	<u> </u>	
		
	28	
	- 12 × 0	> ==
		E Ū p
	<u> </u>	∞ E-
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 90 days after filing.) P. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	ursuant to 605.02 Il not be listed	207 (3)(b) as the
he record specifies a delayed effective date, but not an effective time, at 12:01 a.m. or The 90th day after the record is filed.	the earlier	of:
Dated August 28th 2015		
Tashin		

Page 3 of 3

Typed or printed name of signoc

Filing Fee: \$25.00