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MAR 25 2016
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TINA #4, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LES C. SHIELDS, ESQ.
Name of Person

MORRIS & SHIELDS
Firm/Company

685 ROYAL PALM BEACH BLVD, SUITE 205
Address

ROYAL PALM BEACH, FL 33411
City/State and Zip Code

AMINKIDS60@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LES C. SHIELDS, ESQUIRE at (561) 793-1200
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

TINA #4, LLC.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 1/8/15 and assigned
Florida document number L15000004526.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: _____

(Principal office address MUST BE A STREET ADDRESS) _____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	TINA, AHMAD	117 HERON PARKWAY	<input type="checkbox"/> Add
CHANGE TO MGR		ROYAL PALM BEACH, FL 33411	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	TINA, MOHAMMAD	117 HERON PARKWAY	<input type="checkbox"/> Add
CHANGE TO MGR		ROYAL PALM BEACH, FL 33411	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	TINA, KAMAL	117 HERON PARKWAY	<input type="checkbox"/> Add
CHANGE TO MGR		ROYAL PALM BEACH, FL 33411	<input type="checkbox"/> Remove
			<input checked="" 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

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

E. Effective date, if other than the date of filing: IMMEDIATELY (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated

March 21, 2016

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

AMIN TINA, AUTHORIZED MEMBER

Typed or printed name of signee

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000004526

Entity Name: TINA #4, LLC

Current Principal Place of Business:117 HERON PARKWAY
ROYAL PALM BEACH, FL 33411**Current Mailing Address:**117 HERON PARKWAY
ROYAL PALM BEACH, FL 33411

FEI Number: 47-3445617

Certificate of Status Desired: No

Name and Address of Current Registered Agent:TINA, AMIN
117 HERON PARKWAY
ROYAL PALM BEACH, FL 33411 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

SIGNATURE:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :Title MGR
Name TINA, AMIN
Address 117 HERON PARKWAY
City-State-Zip: ROYAL PALM BEACH FL 33411Title MGR
Name TINA, TAGRID
Address 117 HERON PARKWAY
City-State-Zip: ROYAL PALM BEACH FL 33411Title AMBR
Name TINA, AHMAD
Address 117 HERON PARKWAY
City-State-Zip: ROYAL PALM BEACH FL 33411Title AMBR
Name TINA, MOHAMMAD
Address 117 HERON PARKWAY
City-State-Zip: ROYAL PALM BEACH FL 33411Title AMBR
Name TINA, KAMAL
Address 117 HERON PAKWAY
City-State-Zip: ROYAL PALM BEACH FL 33411Title AUTHORIZED MEMBER
Name TINA, AMIN
Address 117 HERON PARKWAY
City-State-Zip: ROYAL PALM BEACH FL 33411Title AUTHORIZED MEMBER
Name TINA, TAGRID
Address 117 HERON PARKWAY
City-State-Zip: ROYAL PALM BEACH FL 33411

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: AMIN TINA

AUTHORIZED MEMBER 03/03/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date