

L1500004743

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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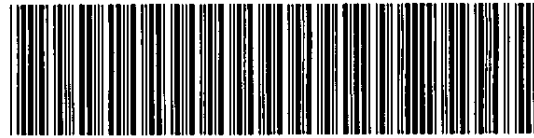
(Business Entity Name)

(Document Number)

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MAR 25 2016

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TINA #7, 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

AMINKIDS608GMAIL.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 #7, 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 L15000004743.

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

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(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.

Dated March 21, 2016

Signature of a member or authorized representative

AMIN TINA, AUTHORIZED MEMBER
Typed or printed name of signee

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000004743

Entity Name: TINA #7, 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:** 47-3504621**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 33411

Title MGR
Name TINA, TAGRID
Address 117 HERON PARKWAY
City-State-Zip: ROYAL PALM BEACH FL 33411

Title AMBR
Name TINA, AHMAD
Address 117 HERON PARKWAY
City-State-Zip: ROYAL PALM BEACH FL 33411

Title AMBR
Name TINA, MOHAMMAD
Address 117 HERON PARKWAY
City-State-Zip: ROYAL PALM BEACH FL 33411

Title AMBR
Name TINA, KAMAL
Address 117 HERON PARKWAY
City-State-Zip: ROYAL PALM BEACH FL 33411

Title AUTHORIZED MEMBER
Name TINA, AMIN
Address 117 HERON PARKWAY
City-State-Zip: ROYAL PALM BEACH FL 33411

Title 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