

L15 00000 4743

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

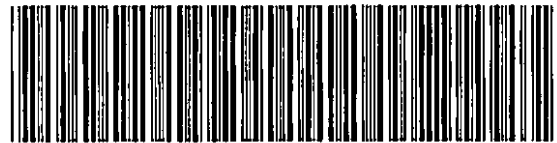
(Business Entity Name)

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06/23/21--01019--015 **225.00

2021 JUN 23 AM 11:58

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, P.A.

Firm/Company

685 ROYAL PALM BEACH BLVD., SUITE 205

Address

ROYAL PALM BEACH, FL 33411

City/State and Zip Code

TERREESHIELDS@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LES C. SHIELDS, ESQ. 561 793-1200
at ()
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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

2021 JUL 23 AM 11:58

11/6

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.

Dated

6/21/21

Signature of a member or authorized representative of a member

Amin Tina

Typed or printed name of signee

Filing Fee: \$25.00