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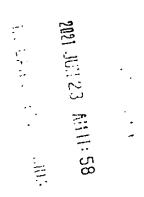
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COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT:TI	NA #7, LLC		
	Name of Lis	mited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	oondence concerning this matte	r to the following:	
	LES C. SHIELDS, ESQ.		
		Name of Person	
	MORRIS & SHIELDS, P	.A.	
		Firm/Company	
	685 ROYAL PALM BEA	CH 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 not	ification)
For further information	concerning this matter, please o	all:	
LES C. SHIELDS, ESQ		561 793-1200 at()	
Name (of Person		ne Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration: Division of Control P.O. Box 632 Tallahassee, 1	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro	porations

Tallahassee, FL 32303

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 01/08/2015 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) 58 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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:
MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	TINA, KAMAL	117 HERON PARKWAY	□Add
		ROYAL PALM BEACH, FL 33411	≅ Remove
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n effective date is listed, the date must be specific and cannot be prior to date of fill	ing or more than 90 day	s after filing.) Pursuai	
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Filing Fee: \$25.00