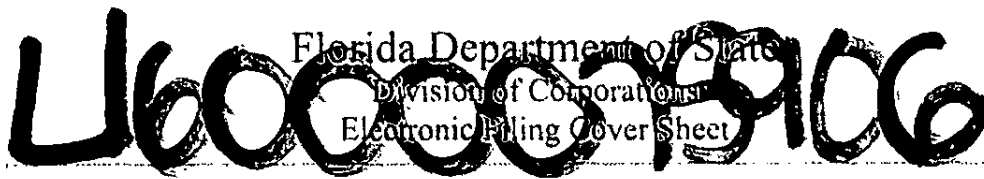


09/21/2016
9/20/2016

05:42 PDT

TO: 18506176383 FROM: 7137666532
Division of Corporations

Page: 2



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.

(((H16000233644 3)))



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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : G & A ACCOUNTING AND TAXES SERVICES, INC.
Account Number : I201200000033
Phone : (305)801-5394
Fax Number : (786)231-5720

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

Email Address: getaxes@gmail.com

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TCARS 7 LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

2016 SEP 21 AM 10:38

TALLAHASSEE, FLORIDA

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Help

D. SCOTT

SEP 22 2016

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

TCARS7 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 04/18/2016 and assigned Florida document number L16000075906.

This amendment is submitted to amend the following:

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

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

N/A

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

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16 SEP 1 AM 9:14
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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.

N/A
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	Name	Address	Type of Action
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MGRM	ZULAY DE LIMA	<p>URB. los Dos Caminos AV Sucre <input checked="" type="checkbox"/> Add</p> <p>REC. Mansion Barroquis Leoncio Martinez <input type="checkbox"/> Remove</p> <p>MI 10000-0 <input type="checkbox"/> Change</p>
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MEMB	ZULAY DE LIMA	<p>URB. los Dos Caminos AV Sucre <input type="checkbox"/> Add</p> <p>REC. Mansion Barroquis Leoncio Martinez <input checked="" type="checkbox"/> Remove</p> <p>MI 10000-0 <input type="checkbox"/> Change</p>
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		<input type="checkbox"/> Add
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CLERK OF DISTRICT COURT

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

N/A

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (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

09/20/16

Signature of a member or authorized representative of a member

Typed or printed name of signer